

MISSOURI

STATE BOARD OF NURSING NEWSLETTER



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Executive Director's Report

Legislative Update

Authored by Lori Scheidt, Executive Director

Our newsletter articles are due approximately two months before the newsletter is actually published. By the time you receive this newsletter the legislative session will have ended. In order to determine if bills actually passed, you can check the final disposition of bills at <http://moga.mo.gov/>

Advanced Practice Registered Nurse Practice

Senator Bob Dixon (R-District 30) filed *Senate Bill 679* and Representative Ray Weter (R-District 142) filed *House Bill 1371*. Passage of either of these bills would modify the laws relating to advanced practice registered nurses and collaborative practice arrangements.

Interventional Pain Management

Senator Tom Dempsey (R-District 23) filed *Senate Bill 682* and Representative Todd Richardson (R-District 154) filed *House Bill 1399*. Passage of either of these bills would mandate that only licensed physicians could practice interventional pain management.

Your Role in the Legislative Process

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>

2012 Golden Awards

We are happy to announce that *Golden Certificates* were recently sent to 203 Registered Nurses and 18 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement in the seventh year of our Golden Award Recognition program. A list of those receiving Golden Certificates follows.

LPN	Flave B. Boykin	Saint Louis	MO	LPN	Loveta D. Hearn	Berkeley	MO
LPN	Sarah T. Burnette	Perryville	MO	LPN	Carolyn S. Heidel	Joplin	MO
LPN	Nancy W. Davis	Troy	MO	LPN	Dolores H. Hobley	Independence	MO
LPN	Roseatta R. Emrich	Kansas City	MO	LPN	Florence M. Hoeber	Wright City	MO
LPN	Judy A. Gray	Springfield	MO	LPN	Norma L. Hopper	Granby	MO
				LPN	Ethel Johnson	Florissant	MO
				LPN	Betty B. Jones	Stockton	MO
				LPN	Ramona J. Knutson	Florissant	MO
				LPN	Marilyn A. McMillin	Leawood	KS
				LPN	Patricia A. Montgomery	Kansas City	MO
				LPN	Artis W. Poole	Kansas City	MO
				LPN	Joan A. Smith	Saint Louis	MO

2012 Golden Awards continued on page 19


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Important Telephone Numbers

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Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700



Board of Nursing E-Alerts – Disciplinary Actions

You can now subscribe to Board of Nursing E-Alerts. Every Monday we will send you an email with an Excel file that contains the names, license numbers and professions of any nurse whose license has been disciplined by the Board of Nursing the preceding week. Discipline may include license revocations, suspensions, probations or other actions. You can then go to www.nursys.com to see the details of the discipline including the Board’s order. To subscribe to the e-alerts, send your name and email address to Lori Scheidt at lori.scheidt@pr.mo.gov

Response by MOSALPN to the IOM Report

Compiled by the Missouri State Association of
Licensed Practical Nurses

Missouri State Association Licensed Practical Nurses (MoSALPN) would like to inform all LPNs and other interested persons about their stance concerning Missouri Action Coalition’s implementation of the Institute of Medicine’s (IOM) recommendations.

You may have read the article in the last edition of the Missouri State Board of Nursing newsletter concerning the Institute of Medicine and its recommendations for the future of health care. The theory is that by increasing the knowledge-base of the nurse, the public will be better served.

What does this mean to the LPN? In the short term nothing. But in the long term we will strongly be encouraged to further our education to remain in the workforce. We, as an association (MoSALPN), encourage our members and all LPNs to continue their education. We recommend that you do this because you want to, not because you have to. We understand that LPN jobs are becoming more limited but appreciate that technology to heal the public is advancing every day.

What should LPNs do? Visit the Missouri Nurses Association’s website at www.missourinurses.org to familiarize yourself with the IOM report, “Knowledge is Power.” Volunteer to serve on committees, get to know your legislators and offer your support.

The Missouri Action Coalition will be hosting a summit on June 6-7, 2012 at the Capitol Plaza Hotel in Jefferson City, Missouri. By attending this summit nurses will be informed about the IOM and clarify its purpose and why it is needed in the advancement of health care. Plan to attend as your future is in your hands.

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Number of Nurses Currently Licensed in the State of Missouri

As of April 20, 2012

Profession	Number
Licensed Practical Nurse	25,207
Registered Professional Nurse	93,265
Total	118,472



<http://pr.mo.gov>



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LSS Neighborhood
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Licensure Corner

Authored by Angie Morice
Licensing Administrator

Licensed Practical Nurse renewals

LPN licenses expire May 31, 2012. The fee to renew your LPN license is \$32.00. Nurses frequently call the office to inquire about license renewal procedures. Some of these calls occur because renewal notices were not received. Renewal notices are mailed three months prior to the expiration date to the address we have on file.

You must either renew online or with a paper renewal. You cannot renew by sending only a fee. If you need a paper renewal, you may either detach the request from the renewal notification and mail or fax the request to our office, or fax a written request with your name, license number, address and your signature. A paper renewal will then be printed and mailed to you. **You can request a duplicate renewal form by visiting our website at www.pr.mo.gov/nursing and clicking on the link under LPNs Now Renewing!**

Approximately 25,000 renewal notifications were sent to LPNs in early March. Unfortunately not all are delivered. Many are returned as undeliverable because the post office determined the licensee has moved. **Please notify the Board of Nursing office in writing of all address changes.**

The State Board of Nursing will no longer issue a paper verification to licensees who opt to come to the Board office to renew his/her license. **Renewals in person are NOT quicker.** If you have waited until the last minute to renew your license, you may come to the Board of Nursing office to renew your license. However, you will **NOT** receive your license or verification that day. We are not able to verify renewals mailed in late, at the last minute, or brought to the Board office. It can take up to five business days to renew a license.

Please note: You will **not** be issued a new wallet-sized card with this renewal. On January 1, 2010, the Missouri State Board of Nursing eliminated the issuance of license cards for regular license renewals. New licensees will be issued one initial licensure card, which will contain the nurse's name, profession and license number. There will be no expiration date on these licensure cards. Go to www.nursys.com to verify multistate or single state license status, discipline and expiration date.

324.010, RSMo—No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and are also required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is

suspended for state income tax, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

What is Public Information?

In accordance with Section 324.001.8, RSMo, the only information regarding an applicant/licensee that is public includes:

- Name
- Address
- License type, license number, dates of issuance and expiration date
- License status
- License certifications
- Disciplinary action taken against a license.

The above information is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee's file may only be released under the following circumstances:

- With the written authorization of the applicant/licensee
- Through the course of voluntary interstate exchange of information with other boards of nursing
- Pursuant to a court order
- To other administrative or law enforcement agencies acting within the scope of their statutory authority

Occasionally, a caller might want to verify an applicant/licensee's date of birth or social security number. That information is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the applicant/licensee.

Name and address changes

Please notify our office in writing of any name and/or address changes immediately. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at <http://pr.mo.gov>. The form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save yourself and our office staff valuable time, please have the following available when contacting the Board:

- License number
- Pen and paper

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Schedule of Board Meeting Dates through 2013

June 12-15, 2012

September 4-7, 2012

December 4-7, 2012

March 5-8, 2013

June 4-7, 2013

September 3-6, 2013

December 3-6, 2013

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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Education Report

Authored by Bibi Schultz, RN MSN, CNE
Education Administrator

- Missouri State Board of Nursing (MSBN) Education Committee Members:
- Roxanne McDaniel, RN, PhD (Chair)
 - Lisa Green, RN, PhD(c)
 - Deborah Wagner, RN
 - Irene Coco-Bell, LPN

2010 Annual Report Data–Missouri Pre-Licensure Nursing Programs

Missouri pre-licensure nursing programs are required to maintain Missouri State Board of Nursing approval in order for their graduates to become eligible to sit for the NCLEX licensure exam. It is important to note that graduation from an approved nursing program is only one of the eligibility requirements each graduate must meet to take the exam. As part of its oversight/approval processes, the Board carefully tracks nursing program data, including NCLEX pass rates, student admission and graduation rates and job placement information. Each year an average of 45 program site visits are conducted.

While statistics regarding Missouri pre-licensure nursing programs are collected in a number of ways, annual reporting seems to lend the most comprehensive data. Innovative annual reporting processes further facilitate collection and analysis. 2010 annual report data related to applications/enrollment of students indicates that a total of 3,575 applicants to Missouri pre-licensure nursing programs (BSN and Diploma Nursing Programs: 1,370, Associate Degree in Nursing Programs: 1,124, and Practical Nursing Programs: 1,081) who were deemed eligible for admission had to be turned away. It is important to note that reported data may be somewhat skewed since applicants often simultaneously apply to more than one nursing program/site. Applicants may also be deemed eligible for admission to a program, even though he or she may not completely meet admission requirements at the time of application. In some cases, nursing programs may also include reapplying students who dropped out/were dismissed in new applicant data. Another important point to consider is that often applicants are categorized as “deemed eligible for admission,” yet just barely meet admission requirements and therefore struggle or may never be admitted to a nursing program since competition for seats is rather significant.

Review of program data often indicates that when admission requirements are set inappropriately, current

academic potential of the applicant to complete the program is easily misjudged. It is truly an injustice to accept students or keep applicants on waiting lists while they are inadequately prepared to succeed in the program. It would be much more feasible to provide timely feedback, encourage academic development in problem areas and therefore create a much higher outcome potential for applicants/potential students struggling to meet admission standards. Growing health care complexity demands a nurse who is ready to meet a vast variety of challenges. Students and faculty must be prepared to do the same.

In view of nursing faculty, 2010 Missouri pre-licensure nursing programs annual report data indicates a minimum of 58 full-time, eight part-time and 33 clinical adjunct positions open at that time. BSN programs report the greatest struggle to find qualified faculty. Thirty nine of 58 open full-time faculty positions are reported by BSN programs. Overall, Missouri pre-licensure nursing programs report that, in order to have accommodated all applicants that were deemed eligible for admission in 2010, 332 additional nursing faculty would have been needed (153 of those in BSN education). Faculty resource data indicates that at least 142 nursing faculty, currently teaching at various levels of pre-licensure nursing education, plan to retire within the next five years. BSN education leads the way in this data as well. With a projected shortage of at least 332 nursing faculty in 2010, an additional 142 nursing faculty planning to retire by 2015 and increasing numbers of applicants/long waiting lists to get into nursing programs, the call for more and more nurses to advance to the BSN level, hold graduate degrees and become prepared to teach remains very real. A task force has been formed to revise the Missouri Articulation Plan for nursing education. This task force is working to review/revise and design new pathways for much more seamless progression among levels of nursing education. Nurse educators from all program levels are working together to innovatively foster facilitated progression, while safeguarding the high level of academic standards and quality of professional development essential to patient safety as well as a futuristic restructure of nursing education and therefore the profession.

All nurses must work together to advance nursing knowledge, foster professional development of self and others, help educate our students, provide guidance to new nurses and tightly embrace the concept of life-long learning. Opportunities for all to contribute to nursing education are abundant and should be fully utilized. The future of nursing depends on it!!

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The Consensus Model for Advanced Practice Registered Nursing, Who is Keeping Score?

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Maureen Cahill MSN,RN,APN-CNS
Associate, Outreach Services
The Campaign for Consensus
National Council of State Boards of Nursing

At NCSBN, we are! We completed the analysis of practice acts and rules and selected 7 elements from The Consensus Model for which states could align their practice acts and rules. Each element applies to all four roles. States can see their progress in each area and see progress in all areas on our rollup map. We also are launching a legislative map so states can follow along as many make progress in this 2012 legislative season. See <https://www.ncsbn.org/aprn.htm>

We launched the maps project on the NCSBN public website in October of 2011 and the maps continue to be widely used by the Boards, coalitions, organizations, and by APRNs across the country.

You may wonder if any state has all the major elements of Consensus? Why, yes! Six states have achieved all the major elements, Vermont, North Dakota, Utah, New Mexico, Montana and The Northern Mariana Islands!

Until we reach full Consensus across all states and jurisdictions, the maps project will be a work in progress. As states implement change, the maps will change as well.

LACE is a communication network that includes organizations that represent the Licensure, Accreditation, Certification, and Education components of APRN regulation. Educators, accreditation agencies, and

certifiers each track portions of compliance with the Consensus Model. Each APRN role will have a specific population focus. The graduate or post graduate programs will offer specific, advanced courses in pharmacology, physical assessment, and physiology/pathophysiology. Those who accredit the schools will assure that those standards are met. States may need to change their practice acts to reflect not only a Masters degree but graduate or post graduate education as eligible for application as an APRN. The 2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education serves as our playbook.

Boards of nursing, state nursing associations, action coalitions and consumer groups are working diligently to align their practice acts and rules with the elements of Consensus. Many states have legislation or rules changes anticipated for the 2012 legislative session and now states can follow along on our legislative map. The efforts in those states to create talking points, hold legislative days, connect with and activate their state's APRN base have made real and meaningful differences in moving Consensus forward.

Recent articles illustrate that APRNs do, in fact, offer promise to fill the country's primary care gap and without a negative impact on physician earning power. (1, 2) As numbers of APRNs increase and barriers to their effective practice decrease, the public will benefit. The Consensus plan is well underway and the final score is within reach of our 2015 goal.

1. Physician Assistant and Advance Practice Nurse Care in Hospital Outpatient Departments: United States, 2008-2009, Esther Hing, M.P.H. and Sayeedha Uddin, M.D., M.P.H., NCHS Data Brief, No. 77, November, 2011.
2. Physician Wages in States with Expanded APRN Scope of Practice:, Pittman P and Williams B, Nursing Research and Practice, (671974), Hindawi Publishing Corporation, 2012

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*Rosario, RN
Staff Nurse – ICU*

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Barnes-Jewish Hospital acknowledges the outstanding contributions of Rosario and all of the nurses who choose to work with us. We take this opportunity during National Nurses Week to formally recognize their exceptional talents, knowing that we are grateful to them for their strong skills, innovative spirit and compassion every day of the year.

At Barnes-Jewish Hospital, a nursing career is like nowhere else. Included in *U.S. News & World Report's* Honor Roll of Best Hospitals for 19 consecutive years, we are a Level I trauma center and Magnet hospital. We're also a national leader in many specialties, surgeries and transplant procedures. For you, that means the opportunity to provide innovative and challenging care that will stretch your talents. . .the potential to collaborate with physicians and colleagues who are nationally renowned. . .and the ability to benefit from our many career development and skills training programs.

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Nurses and Social Media: Regulatory Concerns and Guidelines

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**Rene Cronquist, JD, RN, and
Nancy Spector, PhD, RN**

Social media possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. However, the inappropriate use of social media by nurses is causing concern among educators, employers, and regulators, and nursing organizations are beginning to develop guidelines. When using social media, nurses must protect the patient's rights to privacy and confidentiality and consider the potential effects of their communications on their patients, their employers, their profession, and themselves. This article describes the professional, ethical, and legal implications of using social media inappropriately and provides guidelines from the National Council of State Boards of Nursing for using them appropriately.

Inappropriate use of social media by nurses causes concerns for employers, educators, and regulators. Employer concerns include the potential for damage to the reputation of the organization and liability for disclosure of protected health information (Genova, 2009; Klich-Heartt & Prion, 2010). Educators are concerned about boundary violations and privacy issues, which can affect relationships with clinical sites and the reputation of the nursing program (Lehavot, 2009; Trossman, 2010). The concerns of regulatory bodies center on the potential harm to patients and the public from the inappropriate use of social media (Anderson & Puckrin, 2011; Spector, 2010).

Nursing organizations are beginning to develop guidelines for using social and electronic media. The National Council of State Boards of Nursing (NCSBN) published a white paper, which included guidelines for using social media, for the nursing community, upon which this article is based (NCSBN, 2011). The American Nurses Association is revising its code of ethics to include social media (Prinz, 2011). Sigma Theta Tau recently published a book on the effective use of social media, devoting a chapter to guidelines for avoiding pitfalls (Fraser, 2011). Internationally, the Royal College of Nursing in the United Kingdom has published legal advice on using social media appropriately (Royal College of Nursing, 2009), and Canada has been exploring the issue from a regulatory perspective (Anderson & Puckrin, 2011).

In 2010, the NCSBN conducted a survey of boards of nursing (BONs; NCSBN, 2011) to gauge the prevalence of complaints regarding the use of social media. The majority of responding BONs (33 of 46 respondents) reported receiving complaints about nurses who violated patient privacy by posting photos or information on social networking sites. Of these 33 BONs, 26 reported taking disciplinary action based on the complaints. Actions included censuring the nurse, issuing a letter of concern, placing conditions on the nurse's license, and suspending the nurse's license.

Case Study: Report to the BON

The following case depicts conduct that can result in a report to a BON. Sally, a nurse employed at a hospital, arrived at work one morning and found a strange e-mail on her laptop. Attached to the e-mail was a photo of a woman in a hospital gown, exposing her backside while bending over. Sally asked other staff members about the e-mail, and some said they had received it on their office computers, too. Nobody knew the source of the e-mail or the identity of the woman, but the background appeared to be a patient's room in the hospital. To find out whether others knew anything about the e-mail, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff members discussed the photo with an air of concern, but others laughed about it as they found it amusing. One staff member started a betting pool regarding the identity of the patient, and another staff member posted the photo on his blog.

Although staff members did not bring the e-mail to the attention of their supervisors, by midday the director of nursing and hospital management were aware of the photo and began an investigation because of their concerns about a possible violation of patient rights. The local media also became aware of the matter and covered the story so extensively that it eventually made national news. Law enforcement was called to investigate whether any

crimes involving sexual exploitation had been committed. Hospital management placed several staff members on administrative leave and looked into violations of facility rules that emphasize patient rights, dignity, and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations enforceable by the BON had been violated. Eventually, the patient was identified, and the family threatened to sue the hospital and everyone involved.

Had the nurses taken a professional stand and reported the e-mail photo from the beginning, the problems could have been avoided. Instead, the situation escalated, involving the BON, the county prosecutor, and the national media. The patient felt humiliated and violated. The hospital was embarrassed by national media coverage and faced possible legal consequences.

Background

The use of social media and other electronic communication is increasing exponentially with the growing number of social media outlets, platforms, and applications, including blogs, social networking sites, video sites, and online chat rooms and forums (Klich-Heartt & Prion, 2010). Nurses often use electronic media personally and professionally. Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals (Fraser, 2011; Prinz, 2011; Skiba, Connors, & Jeffries, 2008). However, instances of inappropriate use of electronic media by nurses have been reported to BONs. Some cases have been reported in nursing literature and by the media (Prinz, 2011; Spector, 2010; Trossman, 2010).

Nurses are increasingly using blogs, forums, and social networking sites to share workplace experiences, particularly events that have been challenging or emotionally charged. These outlets provide a venue for nurses to express their feelings and reflect or seek support from friends, colleagues, peers, or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice, and the Internet provides media for these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in a nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that use electronic and social media often have policies governing employee use in the workplace. Such policies often address the personal use of employer computers and equipment and personal computing during work hours. Policies may also address the types of websites that may or may not be accessed from employer computers. Health care organizations carefully control websites maintained by or associated with the organization, limiting what may be posted to the site and by whom. For an example of policy guidelines, visit <http://sharing.mayoclinic.org/guidelines/for-mayo-clinic-employees/>.

The employer's policies usually do not address the nurse's use of social media outside the workplace, though nurses who use social media inappropriately in that situation may face serious consequences.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, one must understand confidentiality and privacy in the health care context. Confidentiality and privacy are related but distinct concepts. Any patient information a nurse learns during the course of treatment must be safeguarded by the nurse. Such information may be disclosed only to other members of the health care team for health care purposes. Confidential information should be shared only when one has the patient's informed consent, when disclosure is legally required, or when a failure to disclose could result in significant harm. Beyond these limited exceptions, the nurse's obligation to safeguard confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate need to know. Any breach of this trust, even inadvertent, damages the nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing

how the information may be used, who may use it, and under which circumstances it may be used. Individually identifiable information includes any information that relates to the past, present, or future physical or mental health of an individual or enough information to lead someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy by posting information using social media. Examples include making comments about a patient who is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, and posting video or photos of patients without consent or for non-health-related purposes.

Consequences

The consequences of a nurse's inappropriate use of social and electronic media vary and depend in part on the nature of the nurse's conduct.

BON Consequences

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action vary among jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the following grounds:

- Unprofessional conduct
- Unethical conduct
- Moral turpitude
- Mismanagement of patient records
- Revealing a privileged communication
- Breach of confidentiality

If the BON finds the allegations to be true, the nurse may face disciplinary action, including a reprimand or sanction, an assessment of a monetary fine, or a temporary or permanent loss of licensure.

Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in civil and criminal penalties, including fines and jail time. A nurse may face personal liability. A nurse can be sued for defamation, invasion of privacy, or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization or subject the organization to a lawsuit or regulatory consequences.

The misuse of social media can also adversely affect team-based patient care. Online comments regarding coworkers, even if posted from home during non-work hours, may constitute lateral violence, which is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying (Stanley, Martin, Michel, Welton, & Nemeth, 2007), which may be perpetuated in person or via the Internet, sometimes referred to as cyber-bullying. Such activity causes concern for current and future employers and regulators because of the patient-safety ramifications.

The line between speech protected by labor laws and the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined (National Labor Relations Board, 2011). Nonetheless, inappropriate comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings About Social Media

Although instances of intentional or malicious misuse of social media have occurred, in most cases, inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. Contributing factors include the following:

- A mistaken belief that the communication or posting is private and accessible only by the intended recipient. The nurse may not recognize that content, once posted or sent, can be disseminated to others. In fact, the terms for using a social media site may include an extremely

Nurses and Social Media continued on page 7

Nurses and Social Media continued from page 6

broad waiver of rights to limit use of the content. One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose" (Privacy Commission of Canada, 2007).

- *A mistaken belief that content deleted from a site is no longer accessible.* In fact, Web administrators can retrieve almost anything that has been deleted, and the information can be subpoenaed by courts of law.
- *A mistaken belief that disclosing private or confidential information about patients is harmless if the communication is accessed only by the intended recipient.* Such disclosure is still a breach of confidentiality and represents unprofessional conduct.
- *A mistaken belief that discussing or referring to patients is acceptable if they are not identified by name, but by a nickname, room number, diagnosis, or condition.* Such disclosure is also a breach of confidentiality and demonstrates disrespect for patients' dignity.
- *Confusion regarding a patient's right to disclose personal information (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.*
- *The ease of posting and the commonplace nature of sharing information via social media.* These two factors may appear to blur the line between one's personal and professional lives. The quick, easy, and efficient technology enabling use of social media reduces the amount of time needed to post content and to consider the appropriateness of the post and the ramifications of inappropriate content.

New Guidelines: How to Avoid Problems

With awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients. Regulatory bodies, educational programs, and employers are encouraged to review the guidelines below; modify them to comport with other, existing statements and applicable laws; and share them with nurses and nursing students.

The following guidelines from the NCSBN are intended to minimize the risks of using social media:

- Nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are prohibited from transmitting by way of any electronic media any patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient.

- Nurses should not share, post, or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care-related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if they are not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. The nurse has the obligation to establish, communicate, and enforce professional boundaries with patients in the online environment. Nurses should use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work-related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding the use of employer-owned computers, cameras, and other electronic devices and the use of personal devices in the workplace.
- Do not make disparaging remarks about employers or coworkers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic, or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so, and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Regulatory agencies, employers, and schools of nursing need to develop policies and guidelines regarding the appropriate use of social media by nurses. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and their application to social and electronic media. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

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Association Between Job History and Practice Error: An Analysis of Disciplinary Cases

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This study aimed to determine possible risk factors associated with error events or practice breakdowns for nurses that were reported to boards of nursing (BONs). We evaluated 861 cases submitted by BONs to the National Council of State Boards of Nursing’s Taxonomy of Error, Root Cause Analysis, and Practice-Responsibility database. Standard statistical analysis was used. A high percentage of nurses involved in practice breakdowns that were reported to BONs have a negative job history (discipline or termination for practice issues by their employers). Among the 725 nurses with complete job histories available, 60% (*n* = 437) had been disciplined or terminated by their employers in the past. A nurse’s job history may serve as a useful index to identify a small group of nurses with a risk of being involved in a practice breakdown. In addition to conventional disciplinary actions, a tailored remediation program should be considered to prevent additional practice breakdowns.

Preventing adverse events and ensuring safe, effective, high-quality health care service require a thorough understanding of the root causes of errors and near misses. The National Council of State Boards of Nursing (NCSBN) has set up an ongoing project that captures and analyzes the details of practice breakdown cases reported to boards of nursing (BONs). The Taxonomy of Error, Root Cause Analysis, and Practice-Responsibility (TERCAP) project allows NCSBN to conduct in-depth analyses of possible causes of practice violations.

Practice breakdown is defined as the disruption or absence of any of the aspects of good nursing practice (National Council of State Boards of Nursing, 2009). This term is used in place of “error” or “adverse event” in this article to broaden the categorization of events reported to TERCAP. Nursing practice breakdowns are potential risk factors for public health, safety, and welfare. Understanding their root causes will be the first step toward the development of tailored remediation programs to prevent future practice breakdowns. The TERCAP project is therefore significant to nursing regulators, educators, administrators, and nurses themselves.

Our analysis of all cases submitted to the TERCAP database over a 3-year period revealed a possible association of negative job history (discipline or termination by employers) and practice breakdown. The findings and their implications are described in the following report.

Methods

TERCAP Instrument

Designated BON staff members enter the details of a practice breakdown into the TERCAP instrument. TERCAP questions include the characteristics of the nurse involved, the system and environment in which the nurse was working, and many other factors that can contribute to causing a practice breakdown. Cases were analyzed in the aggregate to examine causes and trends.

Case-Selection Criteria

Between February 2008 and December 1, 2010, 20 BONs submitted 884 cases to the TERCAP database. Cases that met the following criteria were included in our analysis:

- A nurse was involved in the practice breakdown.
- One or more identifiable patients were involved.
- The case was not fully dismissed by the BON; that is, the BON took disciplinary or nondisciplinary action, the nurse enrolled in an alternative program, or the BON issued a letter of concern.

Of the 884 cases, 861 met these criteria and were included in the analysis. These cases should include the most severe cases of practice breakdown, which merit the closest study because of their potential to endanger public health and safety.

Confidentiality

The TERCAP database does not register identifiable personal information. Using an automatic coding system, a unique case identifier is assigned to each case when it is entered into the system. In this report, the data are reported in aggregated form only. Therefore, the confidentiality of the study subjects is guaranteed.

Participating BONs

NCSBN does not require that all qualifying practice breakdown cases investigated by a BON be submitted to TERCAP. As of December 1, 2010, 20 BONs had submitted cases to the TERCAP database. The number of cases submitted by BONs varied from 1 to 240.

Results

Demographics

The majority of the nurses who committed a practice breakdown were female (83%, *n* = 716 female; 17%, *n* = 143 male). Gender data were missing in two cases. The average age of the nurses was 46.2 years (*SD* = 11.6, *n* = 834), ranging from 21 to 77. Age information was missing on 27 nurses (3%). With regard to licensure levels, 60% of the nurses (*n* = 513) held registered nurse (RN) licenses; 37% (*n* = 319) held licensed practical/vocational nurse (LPN/VN) licenses, and 1% (*n* = 5) held advanced practice RN (APRN) licenses. Also, 3% (*n* = 24) held either RN and LPN/VN or RN and APRN licenses.

At the time of the practice breakdown, the nurses had been licensed for an average of 14.3 years (*SD* = 11.1, *n* = 708), ranging from less than 1 year to 54 years. The length of licensure was reported as unknown for 153 nurses (18%). Consistent with previous NCSBN studies (Zhong & Kenward, 2009; Zhong, Kenward, Sheets, Doherty, & Gross, 2009), the current data show a disproportionately high percentage of male nurses and LPN/VNs who committed a practice breakdown.

Employment Settings

About 38% of the practice breakdowns occurred in hospitals, and 32% occurred in long-term care/assisted living facilities. (See Table 1). At the time of the practice breakdown, 56% of LPN/VNs (*n* = 177) and 14% of RNs (*n* = 69) worked in long-term care facilities. The high proportion of LPN/VNs working in long-term care facilities was also reported in the NCSBN remediation study (Zhong et al., 2009).

Job History

A review of the 725 cases with a known job history for both discipline and termination showed that 60% of the nurses involved in a practice breakdown were disciplined by their employers for practice-related issues in the past or were terminated by their previous employers. (See Figure 1).

Table 1		
Employment Setting of Practice Breakdowns		
Employment Setting		% (N)
Hospital		37.40 (322)
Long-term care		29.04 (250)
Home care		11.85 (102)
Physician/provider office or clinic		3.83 (33)
Assisted living		3.14 (27)
Behavioral health		3.14 (27)
Ambulatory care		1.28 (11)
Critical access hospital		1.05 (9)
Office-based surgery		0.12 (1)
Other		9.18 (79)
Total		100 (861)

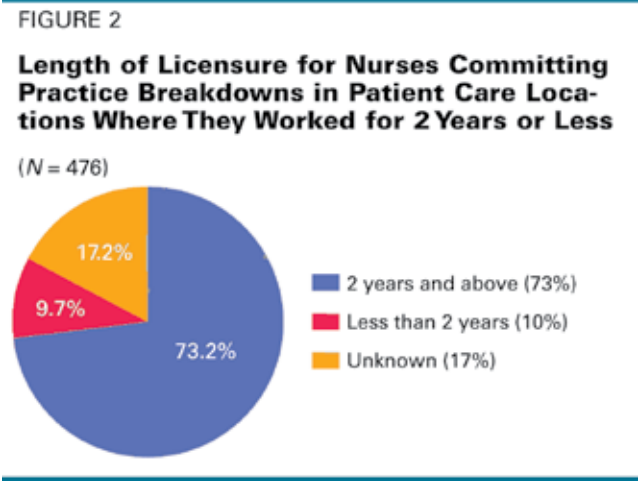
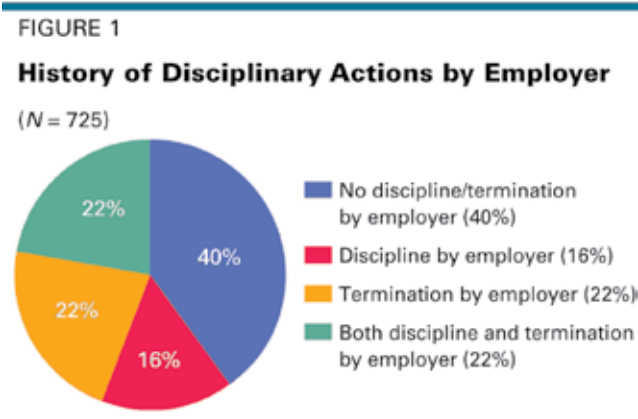
Table 2		
Job History of Nurses Who Committed Practice Breakdowns		
Negative Job History (N = 861)		% (N)
Discipline by employer	Yes	37.05 (319)
	No	55.87 (481)
	Unknown	7.08 (61)
Termination by employer	Yes	38.79 (334)
	No	48.43 (417)
	Unknown	12.78 (110)

Specifically, 37% (*n* = 319) of the nurses had been disciplined by their employers for practice issues in the past, and 39% (*n* = 334) had been terminated by their employers (See Table 2). Among the 334 nurses terminated by previous employers, 49% (*n* = 162) were also disciplined by their current or previous employers. The previous discipline history was unknown for 13 cases (4%). According to these data, a high percentage of nurses who had a negative job/discipline history committed a practice breakdown.

More than half (55%, *n* = 476) of the practice breakdowns involved a nurse who had worked in a patient care location for 2 years or less. This information was unknown in 10% (*n* = 89) of the cases. Further review showed that even though 476 nurses had a practice breakdown in a location where they worked for 2 years or less, 73% (*n* = 348) of them had been licensed for 2 years or longer, which implies that these nurses could have worked in other places before. This information was not available in 17% (*n* = 82) of the cases. (See Figure 2). Among the 348 nurses who had been licensed for 2 years or longer, 36% (*n* = 125) had been disciplined by their current or previous employers for practice-related issues, and 38% (*n* = 131) had been terminated by their previous employers. The high sanction rates are consistent with data obtained from all 861 nurses who committed a practice breakdown (See Table 2). In 56% (*n* = 479) of the cases we included in the analysis, the nurses were terminated by their employers because of the current practice breakdown.

Limitations

This study was based on a review of the entire set of practice breakdown cases submitted by 20 BONs to the TERCAP database from 2008 to 2010. Because TERCAP is designed to collect practice breakdown cases only, no control group data were available for direct comparison. Because of the lack of appropriate data in the existing database, we could not evaluate how, after being disciplined or terminated for practice issues, these nurses performed subsequently in their original or new workplaces. This type of longitudinal data would be most interesting. The proportion of nurses who changed employers after committing practice breakdown is also unknown; thus, no definitive conclusions can be drawn from the data as to what extent a change of workplace contributes to further practice breakdowns.



Discussion

The current data show that 60% of the nurses who were reported to the BONs and entered into the TERCAP database for practice breakdowns had been disciplined or terminated by their current or previous employers for practice-related issues in the past. This reveals a significant association between a nurse’s negative job

Association Between Job History and Practice Error
continued from page 8

history and the risk of additional practice breakdowns. NCSBN, in a previous study, found that nurses who had a criminal conviction history or committed violations in the workplace in the past, have a high risk of recidivism (Zhong et al., 2009). Our current finding is consistent with the previous study.

No data are available on how nurses perform after being disciplined or terminated by their employers; thus, we are not able to determine the recidivism rate among those nurses. However, the discipline rate in the nursing workforce is less than 1% (Kenward, 2008), so among the cases reported to the TERCAP database, the percentage of nurses who have negative job histories is likely high.

Even though job history has long been considered a recruitment criterion and has become more important in hiring decisions than we are used to assuming (Bills, 1990), an association with practice breakdown has not been explicitly established. The current study shows that more than half of practice breakdowns involved nurses who had worked at a patient care location for 2 years or less and that 73% of them had been licensed for 2 years or longer. Among those who had been licensed for 2 years or longer, 36% had been previously disciplined by their current or previous employers for practice issues, and 38% had been terminated by their previous employers. Therefore, current and potential employers should be aware of the impact of a negative job history and consider appropriate remediation programs or provide direct supervision to prevent another breakdown. For new hires, the recruiting department should pass job history information to the direct supervisors so precautions can be taken to avoid harm to patients and the nurses' careers. One way to track nurses' job histories is to set up a reporting protocol so nurse employers can report to the BON when they discipline or terminate a nurse for practice issues.

Nurses who have a negative job history should understand that they need to evaluate their own performance critically and actively seek assistance, if needed. Simply changing employers to get a new start may not be an effective way to prevent problems. In fact, an NCSBN study revealed that the odds of recidivism among nurses who changed employers during their probation is 3.87 times higher compared with those who remained working with the same employer (Zhong et al., 2009). Thus, instead of hoping a new environment will bring a positive change, these nurses, with the help of their employers, should make every effort to improve their professional skills and their work attitudes to achieve positive change.

More detailed analysis will determine the extent to which BONs and employers can use job history to identify nurses with a high risk of committing practice breakdowns. Identifying this small group can lead to improved safety for patients and a better career path for nurses willing to take part in remediation.

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Elizabeth H. Zhong, PhD, is a research associate at the National Council of State Boards of Nursing. Mary Beth Thomas, PhD, RN, is Director of Nursing at the Texas Board of Nursing.

Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Anderson, Jessica R.

Kingdom City, MO

Registered Nurse 133148

Pursuant to an Order issued by the Board, Respondent was required to contract with the Board's third-party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random drug and alcohol screenings. In accordance with the terms of the Order, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug had been prescribed by a person licensed to prescribe such drug and with whom Respondent had a bona fide relationship as a patient. On November 3, 2011, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Tramadol. Licensee does not have a current, valid prescription for Tramadol. Respondent informed Dr. Greg Elam, NTS, that she had an old prescription for Tramadol and that she had taken it for a headache prior to the test; however, the prescription was originally prescribed for back pain. The Board finds that Respondent did not have a current or valid prescription for Tramadol when she ingested it and tested positive for it on November 3, 2011.

Censure 1/6/2012 to 1/7/2012

Bigcas, Teddy Bojo

Saint Louis, MO

Registered Nurse 2008028235

The facility terminated Licensee on April 28, 2011 after establishing a repeated pattern of complaints received between 2009 and 2011 from male patients involving inappropriate conduct, touching and interactions between Licensee and the patient. Censure 2/24/2012 to 2/25/2012

Brooks-Jones, Michelle L.

Saint Louis, MO

Registered Nurse 133023

On or about July 19, 2006, Brooks-Jones was assigned to care for R.G., a patient receiving intravenous Heparin. The intravenous drip was ordered discontinued at 0920 by the patient's physician. That order was noted by “MBJ 0-17-06 0930” indicating that licensee had seen and noted the order. Brooks-Jones failed to discontinue the Heparin drip per physician orders until approximately 1945.

Censure 1/26/2012 to 1/27/2012

Bullard, Bradford L.

Ashland, MO

Licensed Practical Nurse 058657

In accordance with the terms of a Settlement Agreement entered

into between the Board and Bradford Bullard, Respondent was required to submit employer evaluations on or before specified dates to the Board, including but not limited to, November 15, 2010; May 16, 2011; and, August 15, 2011. The Board did not receive the employee evaluation due by November 15, 2010. The Board did not receive the employee evaluation due by May 16, 2011 until May 27, 2011, although the evaluation is dated May 15, 2011. The Board did not receive the evaluation due by August 15, 2011 until August 19, 2011, although the evaluation is dated August 19, 2011. The employer evaluation due by February 14, 2011 was timely received; however, an attachment to the evaluation shows that Respondent was disciplined for failure to comply with the requirements of facility policies regarding security or the provision of consumer treatment, habilitation and/or rehabilitation due to Respondent unnecessarily restraining client, A.T. Respondent was suspended without pay for ten (10) days. In accordance with the terms of the Agreement, Respondent was required to contract with the Board's third-party administrator, National Toxicology Specialist, Inc. (NTS) and participate in random drug and alcohol screenings. Respondent failed to call NTS on June 17, 2011 and failed to call NTS on July 22, 2011. Respondent admitted that he had failed to call NTS on two (2) occasions. Respondent failed to submit to drug and alcohol screening on July 20, 2010 when informed by NTS that he had been selected for random drug and alcohol screening. Censure 1/18/2012 to 1/19/2012

Campbell, Shelly A.

Ballwin, MO

Acute Care Nurse Pract. 144962

On March 8, 2005, the Board recognized Licensee as an advanced practice nurse—acute care nurse practitioner and

Censure continued on page 10

The Board of Nursing
is requesting contact
from the following
individuals:

Margie Anderson—RN091282

Sonjia Cahill—RN138397

Juanice Clay-Mitchell—PN053062

Denise Filla—PN2004001920

Christina Langston-Alman—PN057919

Cheri Morris—RN2005006900

Carolyn Sargent—PN054569

Tammi Wilcox-Smith—RN111848

Martha Witcher—RN081502

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

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Human Resources, Moberly Area Community College,
101 College Avenue, Moberly, MO 65270.
(see our website for complete list: <http://www.macc.edu/employment>)

Censure continued from page 9

issued a Document of Recognition. On April 1, 2010, Licensee’s Document of Recognition as an acute care nurse practitioner expired because she failed to submit her recertification from the American Nurse Credentialing Center to the Board prior to March 31, 2010. Licensee submitted to the Board her “Advanced Practice Registered Nurse Application,” that she signed on April 28, 2011, to the Board along with the necessary fees and documentation of recertification to renew her lapsed advanced practice Document of Recognition. On May 3, 2011, the Board approved the reinstatement of Licensee’s Document of Recognition. From April 1, 2010, through April 27, 2011, Licensee worked as an acute care nurse practitioner with a lapsed Document of Recognition.
Censure 12/16/2011 to 12/17/2011

Carroll, Kelly Lynn
Bowling Green, MO
Registered Nurse 2006016201

Respondent entered into a Settlement Agreement with the Board. On January 26, 2011, Respondent met with Discipline Administrator, to review the requirements of Respondent’s discipline. Following the meeting, Respondent signed an affidavit acknowledging that she understood the requirements of her discipline. The affidavit included all due dates for the entirety of the disciplinary period. In accordance with the terms of the Settlement Agreement, Respondent was required to contract with the Board’s third-party administrator, National Toxicology Specialists, Inc. (NTS) to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During her disciplinary period, Respondent has failed to call in to NTS on six (6) separate occasions. Respondent admitted that she had missed some calls.
Censure 1/6/2012 to 1/7/2012

Claiborne, Cordelia Helen
Ash Grove, MO

Licensed Practical Nurse 2007029213
On September 18, 2007, the Board issued an Order granting Respondent a probated license to practice as a licensed practical nurse in the state of Missouri subject to certain terms and conditions. Pursuant to the terms of Respondent’s probation as set forth in the September 18, 2007 Order, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. Pursuant to the terms of Respondent’s probation as set forth in the September 18, 2007 Order, Respondent was to cause to have submitted an exit evaluation from her employer within a specified time frame should she leave employment. The Board finds that Respondent did not cause to be submitted an employer evaluation or statement of unemployment by the March 19, 2010, December 20, 2010, March 21, 2011, June 20, 2011, or September 19, 2011 documentation due dates; however, the Board did receive employer evaluations on January 10, 2011, April 14, 2011 and October 4, 2011. Respondent changed employment and reported this change to the Board on November 4, 2010. The Board finds that an exit evaluation was not sent from her prior employer, however the Board finds that Respondent made several efforts to have this evaluation sent to the Board, and was unsuccessful due to circumstances out of the Respondent’s control.
Censure 12/27/2011 to 12/28/2011

Clifford, Janice
St Peters, MO
Registered Nurse 063161

Pursuant to the Order, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. From the June 13, 2011, Order to the filing date of this complaint, Respondent has failed to call in to NTS on three (3) occasions. In addition, on June 22, 2011 and September 27, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. Further, on July 11, 2011, Respondent failed to call in to NTS. This was a day Respondent had been selected to provide a urine sample for screening. Therefore, Respondent failed to report to a collection site to provide the requested sample. In addition, the sample that Respondent provided for screening on July 5, 2011, showed a low creatinine level.
Censure 1/11/2012 to 1/12/2012

Coffee, Dawn Nicole
Advance, MO
Licensed Practical Nurse 2000172565

In accordance with the terms of a Settlement Agreement entered into between Dawn Nicole Coffee and the Board, Respondent was required to contract with the Board’s third party administrator, currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she is required to submit to a test that day. Respondent has failed to call NTS on two (2) separate occasions. Further, on July 13, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample.
Censure 1/6/2012 to 1/7/2012

CENSURE CONTINUED...

Davenport, Roger Loyd
Raytown, MO
Registered Nurse 2008007773

On July 2, 2011, at 15:30, Licensee was caring for a male resident in the memory care neighborhood. The resident was displaying aggressive behavior by kicking and swinging at staff including Licensee. The resident had a diagnosis of Alzheimer’s Disease. Licensee placed a high back chair in front of the resident because resident was kicking in the air. The resident continued to kick and repeatedly struck the chair with his lower legs. Licensee told the resident “kick the chair instead of me; you will never hit me again.” The resident started crying after kicking the chair because he injured his right lower leg. The certified nursing assistant (CNA) attempted to prevent the resident from kicking the chair. Licensee sat and observed the resident kicking the chair he had put in front of him. Licensee laughed at the resident. The resident then attempted to get up from where he was sitting without assistance from staff. Licensee grabbed the resident’s overall straps and jerked him back down into the chair. As a result of the patient kicking the chair, his lower leg had three small skin tears on it. Licensee was informed of the skin tears on the resident’s leg but declined to assist with first aide for the resident.
Censure 2/29/2012 to 3/1/2012

Downing, Michael L.
Manchester, MO
Registered Nurse 073583

Respondent entered into a Settlement Agreement with the Board. On September 9, 2008, Respondent met with Discipline Administrator to review the requirements of his discipline. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that Order, Respondent was required to call a toll free number every day to determine if he was required to submit to a test that day. From June 16, 2009, to this filing, Respondent has failed to call in to NTS on seven (7) days. Further, on April 12, 2010, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on March 24, 2010; August 11, 2010; and April 15, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading. Respondent has never informed Dr. Elam, NTS, that he is currently taking hydrochlorothiazide or any other diuretic. Further, on September 7, 2011, Respondent reported to a collection site to provide a sample and the sample tested positive for EtG. Respondent testified that the positive EtG was due to his frequent use of hand sanitizers that particular day in a confined area and that he had used Robitussin. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The employer evaluation due on September 6, 2010, was not received by the Board until October 28, 2010. Respondent testified that he forgot to send the form.
Censure 1/11/2012 to 1/12/2012

Ellis, Stephanie Grace
Memphis, MO
Licensed Practical Nurse 2010039949

On August 17, 2010, the Board issued an “Order of the State Board of Nursing Regarding Issuance of a Probated Licensee to Stephanie Ellis” (Order). Respondent was required to have submitted employer evaluations at least quarterly to the Board, with the first evaluation being due on or before February 22, 2011. The Board received an employer evaluation that was due on February 22, 2011, on March 1, 2011. The Board did not receive an employer evaluation nor a notarized statement of unemployment due by the November 1, 2011, documentation due date. Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. Respondent has failed to call in to NTS on nineteen (19) separate occasions. Further, on June 8, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the requested sample. Pursuant to the terms of her Order, Respondent was required to abstain from the use or consumption of alcohol. On September 20, 2011, Respondent reported to a lab to provide a urine sample for screening. The sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed a glass of wine the evening before the test
Censure 12/30/2011 to 12/31/2011

Gotsch, Mary Lynn
Carrollton, MO
Licensed Practical Nurse 042132

The Board and Respondent entered into a settlement agreement which became effective February 16, 2010. In accordance with the terms of the Agreement, Respondent was required to contract with the Board’s approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and was required to participate in random drug and alcohol screenings. Pursuant to the agreement, Respondent was required to call a toll free number for NTS every day to determine if she was required to submit to a random drug test on that day. From February 16, 2010, the beginning of Respondent’s probation, through the date of the probation violation complaint filed on November 7, 2011, the Board finds that Respondent has failed to call NTS

CENSURE CONTINUED...

on sixteen (16) days. As part of the terms of her probation, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On October 28, 2011, Respondent reported to a collection site to provide a urine sample for random drug screening as required by Respondent’s probation. The urine sample provided by Respondent tested positive for EtG. Respondent admitted to Dr. Elam that she had consumed alcohol, more specifically, a mixed drink containing alcohol, the night prior to her urine drug screen.
Censure 12/27/2011 to 12/28/2011

Gray, Brandee S.
Erie, KS
Registered Nurse 151150

Effective January 17, 2008, Respondent entered into a Settlement Agreement agreeing that she had violated the Nursing Practice Act by testing positive for methamphetamine and failing to attend and complete employer required treatment. Pursuant to the terms of Respondent’s probation, Respondent was required to undergo a thorough chemical dependency evaluation, and if treatment was recommended, Respondent was required to have submitted ongoing treatment evaluations until released from treatment. If a 12-Step program was recommended, Respondent was required to submit evidence of attendance at the support group meeting on due dates to be determined by the Board. The chemical dependence evaluation recommended that Respondent enter a substance abuse program to help maintain abstinence from substances; thus, Respondent was required by the terms of her probation to submit proof of attendance at a support group meeting by the due dates provided to her in the affidavit given to her at the meeting on January 30, 2008. Respondent presented proof of Support Group Meeting Attendance for the time period of July 2011-October 2011, at the Board Hearing. At the Board Hearing, Respondent presented to the Board a Discharge Summary from Labette Center for Mental Health Services on February 5, 2009. Furthermore, in accordance with the terms of the Agreement, Respondent was required to contract with the Board’s third party administrator to schedule random drug and alcohol screenings. From April 13, 2011 to the date of the filing of this complaint, Respondent has failed to call in on eight (8) days. Furthermore, on May 6, 2011; July 8, 2011; September 7, 2011; and, October 4, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading on each of those dates.
Censure 12/30/2011 to 12/31/2011

Hart, Meredith Christine
Galena, KS
Registered Nurse 2005031444

Respondent entered into a Settlement Agreement with the Board. On May 11, 2011, Respondent met with Discipline Administrator to review the requirements of her discipline. During the meeting, Respondent signed an affidavit acknowledging that she understood the requirements of her discipline. The affidavit included all due dates for the entire disciplinary period. Respondent received a signed copy of the affidavit at the conclusion of the meeting. Since Respondent’s discipline began until the filing date of the Probation Violation Complaint, Respondent failed to call NTS on four (4) occasions.
Censure 1/6/2012 to 1/7/2012

Hedger, Nancy S.
Florissant, MO
Licensed Practical Nurse 040971

The Board entered into a settlement agreement with Respondent which became effective on September 1, 2009. The Board held a probation violation hearing concerning violations of the Agreement on December 2, 2010. The Board found following this hearing that Respondent had violated the terms of her probation as set forth in the Agreement by failing to complete continuing education hours and by failing to submit proof that she had completed these continuing education hours to the Board by a specified time. As a result of this probation violation, the Board extended Respondent’s probation by one year, subject to the same terms and conditions as set out in the original Agreement through its December 8, 2010 Order. In accordance with the terms of the December 8, 2010 Order, and as required of Respondent pursuant to the original Agreement, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by the September 1, 2011, documentation due date. Further, the employer evaluation due to the Board on March 1, 2011, was received by the Board on March 17, 2011. This employer evaluation was dated February 25, 2011. The employer evaluation due to the Board on June 1, 2011, was received by the Board on June 14, 2011. This employer evaluation was dated May 26, 2011. The employer evaluation dated May 26, 2011, was not complete. Number 5 on the employer evaluation form, “Quality of Work” was not completed. Respondent violated her probation by failing to submit employer evaluations or cause to have submitted employer evaluations or statements of unemployment by the due dates as set forth in the Agreement and December 8, 2010 Order.
Censure 12/27/2011 to 12/28/2011

Hicks, John Michael
Kansas City, MO
Licensed Practical Nurse 2011004746

Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if

Censure continued on page 11

Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the May 16, 2011 or August 15, 2011 documentation due dates. Respondent testified that he was unemployed during those periods and forgot to send in the statements of unemployment. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. From the beginning of his disciplinary period to this filing, Respondent has failed to call in to NTS on four (4) days. Respondent testified that he believed he had called NTS everyday, but that in checking his phone records, he did not call NTS until one or two hours after midnight, which is not a valid time to call NTS. Respondent acknowledged that he knew he was required to call NTS between the hours of 5:00 a.m. and 4:00 p.m. Further, on April 1, 2011, May 9, 2011, May 25, 2011 and July 20, 2011, Respondent was selected to provide a urine sample for screening and the result of each screening on those dates showed a low creatinine reading.
Censure 1/17/2012 to 1/18/2012

Madden, Janice D.
Ballwin, MO
Registered Nurse 116733

The Board entered into a settlement agreement with Respondent which became effective on April 27, 2011. As required by the Agreement, on April 27, 2011, Respondent met with the Board’s Discipline Administrator, via telephone, to review the requirements of the Agreement. The requirements and due dates of Respondent’s probation were set forth in the form of an affidavit. The affidavit was mailed to Respondent on April 12, 2011 and was received by Respondent on April 14, 2011, prior to the phone meeting to ensure that should Respondent have any questions, she would have an opportunity to review the affidavit. Respondent was asked to sign and return a copy the affidavit but failed to do so. Respondent admitted during the hearing that she received the documentation as described and that she understood the terms of her probation as set forth in the Agreement. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. Respondent failed to submit an employer evaluation or statement of unemployment by the July 27, 2011 and the October 27, 2011, documentation due dates. Respondent violated the terms of her probation as set out in the Agreement by failing to cause to have submitted employer evaluations or statements of unemployment by the documentation due dates as set forth in the Affidavit.
Censure 12/27/2011 to 12/28/2011

McFerron, Alena N.
Park Hills, MO
Registered Nurse 2003017979

Respondent and the Board entered into a Settlement Agreement that went into effect on July 4, 2007. Pursuant to the Agreement, Respondent was required to contract with the Board’s approved third party administrator, First Hospital Laboratories, Inc. d/b/a First Lab (First Lab) and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number when required by First Lab to find out if she was required to submit to screening that day. During her disciplinary period through the date that the probation violation complaint was filed, Respondent failed to call into First Lab on thirty-one (31) required occasions. Respondent also failed to submit to a urine drug screen when she had been randomly selected to provide a sample on July 1, 2011 and on August 15, 2011. Respondent additionally failed to cause to have submitted the January 4, 2011, and April 4, 2011 employer evaluations by the due dates.
Censure 12/27/2011 to 12/28/2011

Selig, Jeannine Elizabeth
Neosho, MO
Licensed Practical Nurse 2005041166

The Board issued an Order granting Respondent the authority to practice under a probated license. In accordance with the terms of the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, an affidavit indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The employer evaluation that was due on March 14, 2011, was received by the Board on March 24, 2011. The employer evaluation that was due on June 14, 2011, was received by the Board on June 24, 2011 and was dated March 24, 2011. The Board did not receive the employer evaluation that was due on August 20, 2011. Pursuant to the terms of the Order, Respondent was required to complete the Board’s designated continuing education contact hours. Proof of completion was due to the Board by August 20, 2011. The Board did not receive proof of completion of any contact hours, by the documentation due date. However, at the Board Hearing, Respondent submitted proof of completion of the Continuing Education Units showing completion on September 2, 2011, September 4, 2011 and September 21, 2011.
Censure 1/6/2012 to 1/7/2012

Ward, Janet Ann
Columbia, MO
Registered Nurse 2006020732

On August 4, 2010, while dealing with an unstable and agitated patient, Licensee failed to use appropriate nursing judgment and caused the patient’s behavior to escalate.
Censure 1/13/2012 to 1/14/2012

Watson, Lana Shanise
Saint Louis, MO
Licensed Practical Nurse 2010037157

Respondent entered into a settlement agreement with the Board, which placed her license on probation. On November 17, 2010, Respondent met with Discipline Administrator to review the requirements of her discipline. After the meeting, Respondent signed an affidavit acknowledging that she understood the requirements of the Settlement Agreement. The affidavit included all due dates for the disciplinary period. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement of unemployment indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the July 21, 2011 and the October 21, 2011, documentation due dates. Respondent admitted that she did not follow up on whether the employer evaluations had been submitted and that it slipped her mind. She further stated that she would make sure in the future that these evaluations were timely submitted. Respondent did submit an employer evaluation into evidence at the hearing.
Censure 1/6/2012 to 1/7/2012

Webb, Sandra Sue
Bonne Terre, MO
Registered Nurse 2004022070

On April 12, 2008, a patient came to the facility after allegedly having been raped. On or about April 12, 2008, Licensee was the admitting nurse. Licensee was present during the admission and examination process for the patient who was examined by a doctor. The doctor had Licensee take pictures of the injuries with a digital camera. Licensee took photographs as directed, but deleted them without permission. Licensee admits deleting the pictures from the digital camera. Licensee did not have orders to delete the pictures from the digital camera. Licensee did not document the taking or the deleting of the pictures from the digital camera. Deleting the photographs destroyed evidence of the patient’s injuries.
Censure 1/20/2012 to 1/21/2012

PROBATION

Adkison, Dianne
Louisiana, MO
Registered Nurse 067108

Licensee acknowledged in her license application that she had been arrested, charged and pled guilty to Possession of Controlled Substance and Driving Under the Influence on October 6, 2005, in the Circuit Court Pike County Illinois.
Probation 12/13/2011 to 12/13/2013

Alexander, Sheri Lynn
Saint Charles, MO
Registered Nurse 2012001385

Licensee was previously licensed by this Board as a registered professional nurse. Licensee’s license was placed on probation effective August 3, 2005. Licensee was placed on probation for diverting controlled substances from her employer in 2002. Licensee also pled guilty to stealing a controlled substance as a result of her diversion. Licensee was also placed on the Department of Health and Senior Services’ Employment Disqualification List. While on probation, Licensee failed to submit required documentation and her license was revoked on September 13, 2006.
Probation 1/13/2012 to 1/13/2014

Antoine, Lisa L.
Independence, MO
Licensed Practical Nurse 046289

Licensee went to the patient’s home to take blood sugar readings and administer insulin. Licensee was to see the patient three times a day to administer insulin. A log book was kept in the patient’s home to record the blood sugar readings and administration of insulin. The family noted that the patient was being billed for visits that were not logged into the book. The family noted that Licensee would report readings at times when they were with the patient and knew that the Licensee had not been in the home. The patient’s daughter looked at the history in the glucometer and found that readings were recorded that were not registered in the machine. Documenting blood sugar readings that were not taken is falsifying documents. Licensee admitted that she did not take the glucometer readings or administer insulin as documented.
Probation 2/9/2012 to 2/9/2013

Archer, Tami Renee
Liberty, MO
Licensed Practical Nurse 2004029008

Count I: Respondent was employed as a licensed practical nurse from June 2006 through April 24, 2008. On or about April 14, 2008, when Respondent arrived for duty, staff expressed concerns that Respondent was behaving oddly. Respondent’s supervisor observed that Respondent’s pupils were dilated, her eyelids were droopy, Respondent’s gait and speech were sluggish, and she was acting lethargic and having difficulty performing her nursing duties. On or about April 14, 2008, Respondent submitted to a drug test which was positive for Methamphetamine.
Count II: Respondent admits she gave a Lortab to at least one person without them having a valid prescription or doctor order.
Probation 12/27/2011 to 12/27/2016

Auer, Tammie M.
Saint Louis, MO
Registered Nurse 132832

On December 15, 2008, patient, S.M., stated that that Respondent had only visited her twice. Respondent indicated on the home health communication sheet that Respondent had made four visits to see patient, S.M. On December 15, 2008, Respondent was contacted and informed that she was not to make any further visits to patient, S.M. On December 17, 2008 Respondent went to patient, S.M.’s, home to drop off food. When the Director of Nursing went to S.M.’s, home, there was no admission consent form left in the home, although Respondent claims she left the original consent form with S.M. on the admission date. A home health communication sheet taken from the home compared to the nursing notes submitted by Respondent showed a discrepancy in the recorded vital signs. The Director of Nursing found that Respondent had forged S.M.’s signature on the admission consent form because the signature as written used the wrong first initial. Respondent admits she assisted S.M. with the signature of her last name and printing the first initial of S.M.’s name wrong. Further investigation into Respondent’s caseload found discrepancies in the employee daily log sheets. Patients, E.S., P.R., K.D., and B.H., all reported that Respondent visited them once per week. However, these patients were to be visited twice per week. Respondent had indicated in her visit logs that she saw each of these patients twice weekly. Respondent was suspended for three days and was requested to clarify her notes, complete any outstanding paperwork and write a report addressing the allegations. On December 22, 2008, Respondent sent a letter indicating that patient, S.M., was unable to sign the admission consent form and she signed the patient’s name to the form.
Probation 12/27/2011 to 12/27/2013

Bennett, Sheila A.
Saint Louis, MO
Registered Nurse 113799

On or about May 28, 2008, the Arizona State Board of Nursing entered a Board Order for Voluntary Surrender of Licensee’s license. The Arizona Board found the following facts:
A. Respondent refused to administer a patient’s 2:00 p.m. scheduled medication because the patient was on the phone at 2:00 p.m.
B. A review of the MAR revealed that the Respondent made multiple medication errors, including failure to administer medications, administering medications over an hour late, documenting medication administration inaccurately, administering a higher dose of medication for anxiety without documenting why the lower dose order was not administered, and failing to document patients’ blood pressure before administering an antihypertensive medication.
* * * *
E. Respondent pre-poured medications in her assigned medication cart and failed to administer the medications.
* * * *
G. On or about March 22, 2008, Respondent requested to voluntary surrender her licenses.
Probation 1/14/2012 to 1/14/2015

Bentrup, Elaina Jacquetta
Fenton, MO
Registered Nurse 2008008474

On October 10, 2008, Licensee was requested to submit to a drug test. The test came back positive for Cannabinoid, a metabolite of marijuana. Licensee was offered substance abuse treatment. Licensee signed a “Return to Work Agreement.” On November 19, 2008, Licensee was requested to submit to a urine drug screen in accordance with her Return to Work Agreement. The test was positive for Dilaudid. Licensee did not have a valid prescription for Dilaudid. In 2010 Respondent was employed as a registered nurse. During the months of February, March, and April, 2010, there were concerns regarding Respondent’s medication administration documentation. In May, 2010, after three months of employee conferences about medication administration documentation, reviews of Respondent’s charts and reports showed additional errors or omissions on medication administration and/or documentation related to medication administration. Therefore, on or about May 17, 2010, Respondent was requested to submit to a urine drug screen. Respondent refused to submit to a drug screen and admitted to smoking marijuana.
Probation 12/14/2011 to 12/14/2015

Brewer, Janis F.
Cape Girardeau, MO
Registered Nurse 145821

Respondent entered into a Settlement Agreement (Agreement) stipulating with the Board that her license was subject to discipline for documenting that she had administered two (2) medications to two (2) different patients when she had not done so. Respondent agreed to abide by specific terms and conditions set forth in the Agreement. Pursuant to the terms of Respondent’s probation, Respondent was required to submit an employer evaluation from every employer or, if Respondent was unemployed, a notarized statement indicating the periods of unemployment. Additionally, if Respondent left employment, she was required to have submitted an exit evaluation from her employer. Respondent e-mailed on April 28, 2011 that she had resigned from employment. The Board did not receive an exit evaluation, at the time requested by the Board. However, the exit evaluation was received by the Board on December 2, 2011. Furthermore, the Board did not receive an employer evaluation or statement of unemployment



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Probation continued from page 11

by the September 30, 2011, documentation due date. Respondent informed her employer that her license was on probation with the Board.
 Probation 2/6/2012 to 3/31/2013

Brownfield, Sheri Sue
 Marshall, MO
Licensed Practical Nurse 1999136112

On May 2, 2011 during a narcotic count at shift change, the employer determined a card of twenty Percocet was missing. Prior to the narcotic count, Licensee had left the building while she was on duty. On May 2, 2011, as a result of the missing Percocet, Licensee submitted to a drug screen. The drug screen was positive for Hydrocodone, Morphine, Oxymorphone, and Propoxyphene. Licensee did not have a valid prescription for Hydrocodone, Morphine, Oxymorphone, or Propoxyphene. On September 6, 2011, Licensee was charged in the Circuit Court of Saline County, Missouri with Theft/Stealing Any Controlled Substance As Defined by section 195.010, RSMo, a class C Felony pursuant to 570.030, RSMo. Licensee entered a plea of not guilty and enrolled in Saline County drug court program in lieu of further court action.
 Probation 2/29/2012 to 3/1/2017

Bruhl, Penny LaNell
 Saint Louis, MO
Registered Nurse 2005038762

On September 26, 2011, the Administrative Hearing Commission issued a Decision finding that the Board had cause to discipline the license of Respondent for incompetency and violation of professional trust or confidence by violating patient confidentiality. Respondent was employed as a registered nurse from February 14, 2008 until October 2, 2009. On April 13, 2009, Respondent accessed the electronic record of patient, T.H. On April 13, 2009, Respondent was not assigned to provide care for patient, T.H. After the April 13, 2009 incident, Respondent received corrective counseling regarding patient privacy. On October 1, 2009, Respondent was providing care to a patient in the labor and delivery unit. The patient’s step-mother asked Respondent for the results of the patient’s urine drug screen results. Respondent provided the results to the patient’s step-mother. Respondent admitted to telling the step-mother the results of the patient’s urine drug screen. Respondent had a duty and responsibility to protect the patient’s confidential healthcare information. Respondent was terminated from the hospital for breaching patient confidentiality and for violating the Health Insurance Portability and Accountability Act (HIPAA).
 Probation 2/2/2012 to 2/2/2013

Castor, Kelly R.
 Farmington, MO
Licensed Practical Nurse 050054

On February 17, 2011, the Administrative Hearing Commission issued its decision finding that Respondent’s license was subject to discipline as a result of pleading guilty to two (2) counts of possession of a controlled substance and burglary in the second degree. On or about November 19, 2001, Castor pled guilty to the Class C Felony of Possession of a Controlled Substance except 35 Grams or Less of Marijuana. On or about November 19, 2001, Castor pled guilty to the Class C Felony of Possession of a Controlled Substance except 35 Grams or Less of Marijuana. On or about January 5, 2006, Castor pled guilty to the Class C Felony of Burglary-2nd Degree.
 Probation 1/31/2012 to 1/31/2016

Chappell, Jacqueline
 Wasola, MO
Registered Nurse 123046

Licensee was employed as a full time staff nurse from May 4, 1992 until her termination on January 6, 2011 for improper conduct. On or about August 17, 2010, Licensee received a “First Warning” for a failure to meet patient expectations by demonstrating a lack of compassion and improper delivery of service to a patient. On Licensee’s annual review for the year ending on June 30, 2010. Facility policy on patient controlled analgesic (PCA) stated that it must be monitored every hour for the first hour to ensure the patient was not receiving too much medication. The monitoring of the pump required documentation that the PCA was checked. Licensee started a Dilaudid PCA on a patient. Licensee did not scan the medication for the PCA. Licensee did not document that the PCA was started. Licensee did not document any monitoring of the PCA pump for three hours. At 02:22 the patient care associate told Licensee that the patient was not breathing well. Licensee did not check on the patient until 04:20. As a result of Licensee’s failure to properly monitor the patient, at 04:20 the patient required a dosage of Narcan. Narcan is given to prevent or reverse the effects of narcotic pain relievers.
 Probation 2/22/2012 to 2/22/2013

Crawford, Pamela L.
 Independence, MO
Registered Nurse 144848

On April 21, 2010, during Respondent’s shift, she stole a blister pack of 30 Hydrocodone pills belonging to a patient of the facility. On April 21, 2010, Respondent placed the paperwork for the Hydrocodone pills and the pack of pills in her purse. On April 21, 2010, the Director of Nursing asked to search Respondent’s purse and found the blister pack of 30 Hydrocodone pills in Respondent’s purse. On May 19, 2010 during an interview with the Lee’s Summit Police Department, Respondent admitted to stealing the blister pack of 30 Hydrocodone pills belonging to a patient. On or about July 28, 2010, Respondent was charged with Class C Felony of Theft/Stealing Any Controlled Substance in violation of 570.030, RSMo. Respondent was diverted from the Circuit Court

PROBATION CONTINUED...

of Jackson County on her stealing charge to the Jackson County Drug Court and charges were dismissed. She completed the drug court program on October 13, 2011.
 Probation 12/27/2011 to 12/27/2014

Davis, Margret Mashea
 Vanduser, MO
Registered Nurse 2002013518

Respondent entered into a Settlement Agreement with the Board in which she admitted that her license was subject to discipline for reporting to her job while impaired. In accordance with the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within six weeks of the effective date of the Agreement. Respondent telephoned the Board on October 18, 2011, and reported that she had an appointment scheduled for October 17, 2011, but that she had to reschedule it because her father had passed away. Respondent was notified that she needed to send a copy of the obituary for her file and a letter from the Evaluator with information regarding her appointment date. The Board received a letter on October 21, 2011, from Teresa Nichols, Clinical Therapist at Bootheel Counseling Services, stating that Respondent had an appointment for an addiction assessment on October 17, 2011, and that Respondent had called prior to the appointment and advised that her father’s funeral was that day. The appointment was rescheduled for October 28, 2011. The Board has not received a thorough chemical dependency evaluation submitted on Respondent’s behalf nor has the Board received a copy of Respondent’s father’s obituary showing the dates that her father passed away or when the funeral was held. Further, Respondent was required to contract with the Board’s third-party administrator, National Toxicology Specialist, Inc. (NTS) and participate in random drug and alcohol screenings. Respondent failed to submit to drug and alcohol screening on October 11, 2011, when informed by NTS that she had been selected for random drug and alcohol screening. Respondent telephoned the Board and reported that she was on the way to the lab to be tested and was involved in a one-vehicle accident but no police report was made to verify this. Respondent’s testimony was conflicting and contradictory.
 Probation 2/6/2012 to 2/6/2017

Dixon, Holly M.
 Louisburg, KS
Registered Nurse 116478

On March 27, 2009, Licensee took a prescription pad from the hospital and wrote a prescription for herself, forging a doctor’s name to the prescription. Licensee then took the prescription to a pharmacy to attempt to have the prescription filled. The pharmacist questioned the prescription and refused to fill the prescription.
 Probation 2/14/2012 to 2/14/2015

Goldberg, Patricia A.
 O Fallon, MO
Registered Nurse 116712

On January 8, 2009, the agency received a complaint from patient, A.T.’s mother, indicating that Licensee had failed to visit A.T. after the start of care. On December 27, 2008, Licensee received an order to begin care for patient, Mr. P. On January 13, 2009, patient, Mr. P., reported to the agency that Licensee had not been to see him since December 27, 2008. Licensee had documented that she had made four visits to Mr. P. between December 27, 2008 and January 13, 2009. Mr. P. insisted that Licensee had not been to his home and no paperwork was left at his home to document the visits. Licensee was placed on a corrective action plan by the agency. On January 16, 2009, Licensee received orders to begin care for patient, A.D. Licensee attempted to see patient, A.D. on January 16, 2009 and had begun the paperwork to document the visit. Licensee did not see A.D. on January 16, 2009, but did perform the first home visit on January 17, 2009. Licensee used the same paperwork that she had begun filling out on January 16, 2009. Therefore, the paperwork was improperly dated, showing the visit to have occurred on January 16, 2009, when it actually occurred on January 17, 2009.
 Probation 12/27/2011 to 12/28/2011

Hall, Allison B.
 Florissant, MO
Registered Nurse 099498

In case number 2008-005021, Respondent entered into a Settlement Agreement with the Board, which became effective on December 13, 2010. Respondent stipulated that her license was subject to discipline for committing multiple documentation errors and violating her employer’s policy regarding handling and administering narcotics. Her license was placed on probation for a period of one (1) year under specified terms and conditions. In case number 2010-003421, Respondent entered into a Settlement Agreement effective April 16, 2011 with the Board stipulating that her license was subject to discipline as a result of her testing positive for marijuana on June 7, 2010 during a random drug screening administered by her employer. Respondent’s license was placed on probation for a period of two years under specified terms and conditions. The terms of the 2008-005021 Agreement required Respondent to complete continuing education classes and cause to be submitted employer evaluations or, alternatively, statements of unemployment, if Respondent was unemployed. The requirements of this Agreement were incorporated into the requirements in case number 2010-003421 with ongoing employer evaluations or statements of unemployment required to be submitted and the classes required to be completed by the deadlines imposed in case number 2008-005021. Pursuant to the terms of Respondent’s probation, Respondent was required to undergo a thorough chemical dependency evaluation. The chemical dependency evaluation received by the Board stated that

PROBATION CONTINUED...

Respondent attended inpatient treatment from September 7, 2010 until her discharge on December 9, 2010 and that Respondent was seen for follow up once per month in out-patient, follow up care. Because further treatment was recommended, pursuant to the terms of the Agreement, Respondent was required to cause updates of treatment evaluation(s) from the chemical dependency professional to be submitted to the Board at least quarterly. The Board did not receive updated treatment evaluations by the July 18, 2011 or the October 17, 2011 documentation due dates. The Board consolidates case numbers 2008-005021 and 2010-003421. Respondent is in treatment, but did not follow up to check that the mandated reports had been sent to the Board. Respondent testified that she could not complete her required continuing education requirements by the December due date because she did not have the money to do so.
 Probation 2/6/2012 to 4/16/2015

Harmon, Anita G.
 Mineral Point, MO
Licensed Practical Nurse 034370

In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised, by letter, to attend a meeting with the Board’s representative on January 26, 2011. The letter, which also included deadline dates for submission of required documents, was sent on January 11, 2011 and proof of delivery was received on January 13, 2011. Respondent did not attend the January 26, 2011 meeting but did speak with the Board’s representative at 6:05 a.m. and informed the Board that she planned to hire an attorney and appeal the Settlement Agreement. Therefore, the due dates and the conditions of the Settlement Agreement were not discussed. There has been no appeal filed with the Administrative Hearing Commission. In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. Respondent failed to submit an employer evaluation by the April 20, 2011 and July 20, 2011, documentation due dates.
 Probation 1/30/2012 to 1/30/2013

Haule, Pamela A.
 Fenton, MO
Licensed Practical Nurse 027229

On June 1, 2010, Licensee was requested to submit to a drug and alcohol screening by her employer. The test was positive for marijuana. When interviewed by an investigator for the Board, Licensee admitted that she smoked marijuana in an effort to stimulate her appetite.
 Probation 12/30/2011 to 12/30/2013

Hobbs, Troy
 Sainte Genevieve, MO
Registered Nurse 2001022470

On or about August 12, 2004, employer discovered that the plastic lids of three vials of Fentanyl, one vial of Morphine, and one vial of Ativan had been removed and glued back on to the vial, an additional four vials of Ativan contained a red colored liquid. Licensee supervisor observed blood spatter on the floor of Licensee’s on-site bedroom and an IV catheter in work boots belonging exclusively to Licensee. On or about August 12, 2004, employer asked Licensee to submit to a drug screen, the results of which were positive for the presence of barbiturates and cocaine. Licensee diverted Fentanyl, Morphine, and Ativan from employer for his personal consumption.
 Probation 12/20/2011 to 12/20/2016

Jacobs, Tannia Devette
 Saint Louis, MO
Registered Nurse 2007010041

Respondent entered into a Settlement Agreement which became effective on December 25, 2009, stipulating that her license was subject to discipline for failing to document the wasting of Morphine and Dilaudid on four separate occasions and for testing positive for cannabinoids. On October 11, 2010, a probation violation complaint was filed. Effective May 26, 2011, Respondent and the Board entered into a new Settlement Agreement and Respondent admitted that she had violated the terms of her probation by failing to provide a witnessed sample for drug and alcohol screening and the sample that she did provide was not consistent with human urine. Respondent faked this test because she knew that it would be positive for marijuana. She submitted another sample on August 27, 2010, which was positive for marijuana. Respondent’s license was placed on an additional period of probation to end on December 25, 2015 under specific terms and conditions. In accordance with the terms of the Agreement, Respondent was required to contract with the Board’s approved third party administrator (TPA), currently National Toxicology Specialists, Inc. (NTS), to schedule random drug and alcohol screenings. Since June 18, 2011, the effective date of the Agreement, Respondent has failed to call in to NTS on seventeen occasions. In addition, Respondent was selected to be tested on June 20, 2011 and August 15, 2011; however, since she failed to call NTS on those two dates, she failed to provide the required samples for screening on both of those dates. In addition, on July 20, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading. Pursuant to the terms of the Order, Licensee was required to undergo a thorough evaluation for chemical dependency. The Chemical Dependency Evaluation was due to the Board by September 19, 2011. The Board did not receive a Chemical

Probation continued on page 15

Probation continued from page 15

Redford, Timothy W.
Kansas City, MO
Licensed Practical Nurse 054842
Respondent stipulated that he tested positive for cocaine and marijuana and did not have prescriptions for either controlled substance in violation of the drug laws of the State of Missouri. After a hearing on June 6, 2008, to determine what, if any, discipline should be imposed, the Board issued its Findings of Fact, Conclusions of Law, and Disciplinary Order (Order) on June 16, 2008, placing Respondent’s license on probation for a period of five (5) years with specific terms and conditions. The Board issued its Findings of Fact, Conclusions of Law, and Disciplinary Order (Second Board Order) on June 9, 2010, finding that Respondent had violated the terms of the June 6, 2008 Order. The Board censured Respondent’s license and placed Respondent’s license back on probation. Since the June 9, 2010 Order, the records of First Lab show that Respondent has failed to call in to NCPS/First Lab on twenty-eight (28) days. In addition, on March 14, 2011, Respondent called NCPS/FirstLab and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the required sample. Respondent testified that he did call on some of those dates; however, First Lab recorded him as not calling because he had not paid First Lab. Other dates that he failed to call, he either admitted not calling or did not recall whether he called. Additionally, in accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a statement of unemployment indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the March 16, 2011 and June 16, 2011 documentation due dates. Probation 1/3/2012 to 6/16/2013

Rose, Gayle
Dunlap, IL
Registered Nurse 127957
On or about October 19, 2007, Licensee observed and transported an elderly patient who had undergone an endoscopy procedure to her room. On October 19, 2007, after finishing with the patient, Licensee charted that she had given report to the charge nurse, J.E., RN. On October 19, 2007, J.E. contacted A.B., RN and informed her that she did not receive a report on the patient from Licensee. On October 19, 2007, Licensee admitted to J.E. that she could not find a nurse that was assigned to the patient and she knew that J.E. was there working, so Licensee put her name on the patient’s chart. On January 31, 2008, Licensee admitted to the Board’s inspector that she had pre-charted for the patient because she knew J.E. was present that day and she generally gave report to her if a nurse trainee was the patient’s nurse. Probation 12/27/2011 to 12/28/2011

Scott, Nicole Rene
Saint Louis, MO
Licensed Practical Nurse 2005013246
Respondent entered into a Settlement Agreement with the Board which became effective January 21, 2009, stipulating that her license was subject to discipline for pleading guilty to the class C felony of stealing over five hundred dollars in case number 2107R-02845 on December 14, 2007. Respondent’s license was placed on probation for a period to run concurrently with her felony probation and was given specific terms and conditions by which she was to abide, which included having her probation officer submit status reports by specified due dates. On April 29, 2010 a probation violation complaint was filed. The Board continued her probation to run concurrently with her probation imposed in her criminal case under specified terms and conditions. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a notarized statement indicating the periods of unemployment. The employee evaluation that was due on April 21, 2011, was not received by the Board until May 19, 2011. The Board did not receive an employee evaluation or statement of unemployment by the July 21, 2011 documentation due date. In accordance with the terms of the Agreement, Respondent was required to cause a letter to be submitted from her probation or parole officer regarding Respondent’s probation or parole status and compliance. The Board did not receive a status letter from Respondent’s probation or parole officer by the October 21, 2010; January 21, 2011; April 21, 2011; and, the July 21, 2011 documentation due dates. The Board has not received any documentation from Respondent’s probation or parole officer since June 16, 2010. Respondent was in a car accident and suffered injuries on July 6, 2011 and has not worked since that date. She stated that she did not realize she was required to submit statements of unemployment. Respondent believed that her probation officer was sending in status reports but did not follow up with the Board to determine whether those reports were actually submitted. Probation 2/6/2012 to 6/14/2013

Sidie, Rochelle A.
Columbia, MO
Registered Nurse 126696
The Board issued an Order placing Respondent’s license on probation. In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised, by certified mail, to attend a meeting with the Board’s representative on March 30, 2011. The letter advising Respondent of the date of the meeting also included deadlines for submitting required documentation. Respondent did not attend the meeting on March 15, 2011 and, to date, has not tried to reschedule the meeting with Board representatives nor has she met with Board representatives. Pursuant to the terms of the Order, Respondent

PROBATION CONTINUED...

was required to submit employer evaluations, or if unemployed, notarized statements of the periods of unemployment at least quarterly to the Board. Employer evaluations or notarized statements of unemployment were due to the Board by June 9, 2011 and September 9, 2011. The Board received an employer evaluation on October 20, 2011 and December 1, 2011. Probation 1/30/2012 to 1/30/2014

Smith, Dean M.
Kansas City, MO
Licensed Practical Nurse 2008025148
On December 7, 2010, Licensee submitted to a urine drug screening test as part of a random drug test required by his employer. The urine sample tested positive for THC, a metabolite of marijuana. Probation 2/15/2012 to 2/15/2014

Swovelan, Robert L.
Kansas City, MO
Registered Nurse 076557
Respondent entered into a Settlement Agreement (Agreement) with the Board, which went into effect on December 21, 2010, stipulating that his license was subject to discipline for diverting hydromorphone, a controlled substance, from his employer for personal consumption. The Board received a chemical dependency evaluation on February 14, 2011, which recommended that Respondent inform his medical providers of his past addiction and work with his medical providers in the event of a future need for pain medications due to Respondent’s “high risk for relapse when pain medication is indicated for physical health issues.” On April 18, 2011, the Board received the Board’s form purportedly from Dr. D. dated April 14, 2011, indicating that Respondent had informed Dr. S. of his addiction to hydromorphone prior to Dr. S. prescribing 20 tablets of Vicodin, 7.5/500 on April 13, 2011 for “pain in tooth” and prescribing Septocaine with Epinephrine, 2 Carps, 1:200,000 on April 15, 2011 to “numb tooth.” On April 25, 2011, the Board received the Board’s form purportedly from Dr. D. dated April 22, 2011, indicating that Respondent had informed Dr. S. of his addiction to hydromorphone prior to Dr. prescribing 24 tablets of Vicodin, ES, “1 tab PO q 4 hr PRN” on April 22, 2011 for “pain from root canal and infection” and prescribing Clindamycin, 150 mg, 4X day” on April 22, 2011 for “tooth infection and root canal.” On July 26, 2011, Ms. Wolken sent a letter to Dr. S. which stated, in part: “This form verifies that the Nurse/Patient has discussed that they have had an allegation of chemical dependency to Hydromorphone and that you have prescribed Vicodin. In prescribing these medications it is understood that you are aware that the Nurse/Patient is currently employed as a Nurse and the effects of the medication on job performance have been discussed with the Nurse/Patient.” The letter enclosed copies of the two forms received by the Board. On July 29, 2011, the Board received a phone call from Dr. S., stating that he was not aware of Respondent’s chemical dependency issues and that Respondent and his wife came in “repeatedly” for Vicodin for “tooth pain.” Dr. S. further reported that the prescription identification forms were not filled out when he signed them and that he will be sending a written statement to the Board. On August 4, 2011, the Board received a letter from Dr. S. dated August 1, 2011, stating that Respondent was seen on April 15, 2011 for an “emergency root canal.” The letter further stated: “[Respondent] never mentioned or discussed that he was being disciplined for chemical dependency to Hydromorpohne. The prescription identification form was presented to me blank and he filled in the word “Hydromorphone.” He told us this was a routine form because they did random drug tests at work. I would not have prescribed Vicodin ES for him had I known of his dependency.” On July 26, 2011, a prescription identification form was received from Dr. D. H. C., dated July 21, 2011, indicating that on July 18, 2011, Dr. C. had prescribed “Percocet, 5/325mg., #15, no refills” for esophageal ulcer, corneal abrasion and tooth pain. The form further stated that Dr. C. “was not informed of the pt’s monitoring program at the time of ER visit.” The Board additionally received a prescription identification form on February 26, 2011, from Dr. T. T.,dated February 22, 2011, indicating that Dr. T. had prescribed Gemifloxacin, “7 tabs, 320 mg, no refills,” Prednisone, “20mg, 9 tabs, no refills;” and, Tussionex, “60 ml, no refills” for sinus and lung infection. The Board additionally received a prescription identification form on March 11, 2011, from Dr. F. E. B., DDS, dated March 8, 2011, indicating that Dr. B. had prescribed Amoxicillin, “500mg, TID” and Vicodin, “5.0 X 500mg, 1-2 q, 4-6 hr, prn qty #20” for tooth fracture and root canal. The Board additionally received a prescription identification form on April 4, 2011, from Dr. K. L. C., dated March 30, 2011, indicating that Dr. C. had prescribed Lortab, “7.5 mg, 12 pills, no refills” and Septocaine, “4% c Epinephrine, 3.6 cc” for post op. pain extraction of tooth.” The Board additionally received a prescription identification form on April 8, 2011, from Dr. F. E. B., DDS, dated April 5, 2011, indicating that Dr. B. had prescribed Lortab 7.5/500, (Vicodin HP 7.5/750), 20 tabs), 0 refills” for adjunctive tx for dry socket p tooth extraction.” The Board additionally received a prescription identification form on July 11, 2011, from Dr. T., .dated July 6, 2011, indicating that Dr. T. had prescribed “Hydrocodone APAP, 5/500, generic Vicodin, #20 - 0 refills” and “Cyclobenzaprine, 10 mg, generic Flexoril, #15, 0 refills” for “injury to neck & spine [status post] auto accident.” Respondent’s obtaining multiple prescriptions for pain medications from multiple medical professionals over a relatively short period of time is inconsistent with the chemical dependency professional’s recommendation that Respondent work with his medical providers in the event of a future need for pain medications due to his high risk for relapse; thus, he is in violation of the terms and conditions of his Agreement. Respondent admitted that he understood why the Board was concerned about the controlled substances for

PROBATION CONTINUED...

which he had been prescribed by various doctors, but that he did notify the doctors of his past addiction. Respondent has had teeth problems and injuries for which he went to various doctors for treatment and received prescriptions for controlled substances. Probation 2/7/2012 to 2/7/2017

Teffer, Renee L.
Wright City, MO
Licensed Practical Nurse 2011035447
On April 17, 2003, Licensee pled guilty to the Class C Felony of ‘Stealing’ in the Circuit Court of St. Charles County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense. On April 5, 2005, Licensee pled guilty to the Class C Felony of ‘Possession of a Controlled Substance’ in the Circuit Court of Warren County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense. Probation 12/16/2011 to 12/16/2012

Valdez, Rosa
Moberly, MO
Registered Nurse 093691
Licensee was counseled for failing to have obtained her PALS and ACLS certifications within the time period determined necessary by the hospital. On or about May 16, 2007, Licensee was caring for a patient who suffered from a hypoglycemic reaction. Rather than continuing to attempt IV access to administer D50 to the patient, she requested the patient be transferred to another unit with greater staffing capability. Probation 1/28/2012 to 7/28/2013

Vandevender, Patricia M.
Cameron, MO
Licensed Practical Nurse 022688
The Board entered into a settlement agreement with Respondent which became effective on February 5, 2011. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. Respondent failed to submit an employer evaluation or notarized statement of unemployment by the May 5, 2011, August 5, 2011 and the November 7, 2011, documentation due dates. Respondent violated the terms of her probation, as set forth in the February 5, 2011 Settlement Agreement by failing to submit or cause to be submitted employer evaluations or statements of unemployment by the required due dates Probation 12/27/2011 to 12/27/2013

Watts, Douglas Howard
Hillsboro, MO
Registered Nurse 2005021106
Licensee admitted that he had entered into an agreement with the Texas State Board of Nursing requiring that Licensee adhere to certain terms and conditions, including his nursing license being suspended until he maintained 12 consecutive months of sobriety, prior to being allowed to practice nursing. Licensee submitted a copy of the Texas State Board of Nursing Order which is incorporated into this Order by reference. Licensee answered “yes” to the following question on the Petition: “Do you currently, or did you within the past five years, use any prescription drug, controlled substances, illegal chemical substance, or alcohol, to the point where your ability to practice as a registered professional nurse would be affected?” Licensee submitted a notarized statement in explanation of answering “yes” to the question stated in Paragraph 8, which states as follows: I admittedly abused opiates, while a student in the Nurse Anesthesia program in Houston, TX, from October 2010 to January 19, 2011. I maintain that I never abused opiates while on duty, however I am well aware that my tardiness and absenteeism were directly related to my drug use. Licensee answered “yes” to the following question on the Petition: “Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program?” Licensee submitted a notarized statement in explanation of answering “yes” to the question stated in Paragraph 4, which stated: I voluntarily admitted myself to a recovery center for opiate abuse on January 20, 2011, in Houston, Texas. I completed the entire program (inpatient, full-day outpatient, and half-day outpatient treatment) for an entire treatment length of 51 days, and was discharged on March 11, 2011. In a notarized statement dated October 24, 2011, Licensee states that his sobriety date is January 21, 2011. Probation 1/3/2012 to 1/3/2017

Williams, Martha K.
St Charles, MO
Registered Nurse 106176
On August 31, 2011, the Administrative Hearing Commission issued its decision finding that Respondent’s license was subject to discipline because she diverted controlled substances. Respondent admitted that she did take some of a patient’s Percocet during a home visit. On or about October 3, 2007 and October 4, 2007, Licensee submitted to a urine drug screens which tested positive for oxymorphone. Oxycodone is metabolized by the human body into oxymorphone. On or about October 16, 2007, Licensee

Probation continued on page 17

contacted the Board and self-reported that she had relapsed on her addiction to pain medication for four weeks. Licensee did not have a valid prescription for oxycodone. Respondent admitted at the hearing before the Board that she had an addiction and had relapsed with alcohol and “pain killers.” Respondent quit treatment for her addiction, but has since gone back into treatment and stated she is willing to undergo testing to prove she is trying to maintain her sobriety.

Probation 2/7/2012 to 2/7/2017

Suspension/Probation

Emery, Christina Eileen
Ravenwood, MO
Registered Nurse 2009019684

Licensee was the Director of Nursing at a center. Licensee instructed staff at the center that any controlled substance medication that was scheduled to be discontinued or destroyed was to be given to her. Licensee did not consult the center's administrator before giving staff this instruction. As a result of the instruction, nurses were no longer involved in destroying controlled substance medications. On March 31, 2011, the center's administrator found fifty-five controlled medication record sheets in Licensee's office. The center had no proof of destruction of these fifty-five controlled substance drugs and the drugs that corresponded to these records were not found. On April 5, 2011, the center found an additional twenty-three controlled substance medication record sheets in a file cabinet in Licensee's office. There was no proof of destruction of these drugs and the drugs that corresponded to these records were not found. On April 1, 2011 Licensee admitted that she had diverted controlled substances that were scheduled for destruction. Licensee also admitted to the investigator for the Board of Nursing that she took a “few” of the medications.

Suspension 2/17/2012 to 5/17/2012

Probation 5/18/2012 to 5/18/2017

Muiruri, Edward Mumira
Kansas City, MO

Licensed Practical Nurse 2010025788

On August 7, 2009, the Board issued an Order of the State Board of Nursing regarding Issuance of a Probated License to Edward Muiruri, placing his license on probation for a period of three (3) years pending the passing of the NCLEX. On July 26, 2010, a Probation Violation Complaint was filed alleging that Respondent had violated the terms of his probation. On December 8, 2011, the Board issued its Findings of Fact, Conclusions of Law and Disciplinary Order. The Board found that Respondent had violated the terms and conditions of his probation. As a result of those violations, the Board extended the term of his probation by six (6) months to conclude on January 26, 2013. Respondent has informed his supervisor that he is on probation and went over the terms and conditions with his supervisor. Respondent submitted a statement of the period of time that he was unemployed from the dates of November 14, 2010 through January 8, 2011 at the hearing, which was past the dates that the statements were due to the Board. Those due dates were October 26, 2010 and January 26, 2011. Respondent also failed to have submitted employer evaluations for the due dates of January 26, 2011 and April 26, 2011; however, employer evaluations were submitted on behalf of Respondent by his employer on September 20, 2011. From the time that the first Probation Violation Complaint was filed on July 26, 2010, to the date of the filing of the Amended Probation Violation Complaint on August 11, 2011, Respondent had failed to call NTS on ten (10) days and failed to report to a collection site to provide a required sample when notified he had been selected for testing on March 17, 2011. Respondent failed to complete fifteen hours of continuing education by the July 26, 2011 due date. Respondent testified that he had not been compliant with the Board's Order because he was frustrated, but that he is now taking the terms of his probation seriously despite the fact that he had been on probation since July 26, 2010 and previously having violated his probation. As of the date of the hearing, Respondent had not started his required continuing education courses. Being frustrated and not taking the Board's Order seriously is not a valid or reasonable excuse for failing to comply with the terms and conditions of the Board's Order and subsequent Disciplinary Order.

Suspension 12/15/2011 to 2/13/2012

Probation from 2/14/2012 to 1/26/2015

Pendleton, Nichole Marie
Dixon, MO

Licensed Practical Nurse 2010008896

Respondent's disciplinary period began on March 18, 2010. On July 8, 2010, a complaint was filed alleging that Respondent had violated certain terms and condition of the Order. On September 14, 2010, the Board issued its Findings of Fact, Conclusions of Law and Disciplinary Order (Second Board Order) finding that Respondent had violated the terms of the Board's First Order and extended Respondent's previously imposed probation by one (1) year. Pursuant to the terms of Respondent's probationary license, Respondent was to submit an employer evaluation from each and every employer or, if Respondent was unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 25, 2011. At the Board Hearing, Respondent gave the Board an employer evaluation dated October 12, 2011. Respondent testified that she believed that the employer had submitted the employer evaluation and that it was beyond her control that the Board did not receive it timely. Respondent was required to complete the Board's designated continuing education contact hours. Proof of completion of the

SUSPENSION/PROBATION CONTINUED...

designated continuing education contact hours was due to the Board by August 31, 2011. The Board never received proof of any completion of any continuing education contact hours. Respondent testified that she did not see the need to complete the Continuing Education Units, specifically, “Ethics,” as previously ordered by the Board as the original discipline was based on an incident that happened before she was ever licensed as a nurse. Respondent's original discipline and the First Board Order was issued as a result of Respondent pleading guilty to stealing, which Respondent explained involved shoplifting. Respondent admitted that stealing is unethical.

Suspension 1/9/2012 to 7/9/2012

Probation 7/10/2012 to 7/10/2015

REVOCATION

Barnett, Michelle L.

Blue Springs, MO

Registered Nurse 149480

The Board and Respondent entered into a Settlement Agreement (Agreement), which became effective on April 27, 2011, placing Respondent's license on probation for a period of five (5) years. The basis for the terms and conditions in the Settlement Agreement was that Respondent tested positive for Fentanyl and Norfentanyl, both of which are controlled substances for which Respondent did not have a prescription. Respondent admitted to diverting these substances from her employer. On June 30, 2011, a Probation Violation Complaint was filed alleging that had violated certain terms and conditions of the Agreement. After a hearing held before the Board on September 8, 2011, the Board issued its Findings of Fact, Conclusions of Law and Disciplinary Order (Order) finding that Respondent had violated certain terms and conditions of her probation by submitting a urine sample for drug and alcohol screening which tested positive for ethyl glucuronide (EtG), a metabolite of alcohol. Respondent admitted that she had consumed alcohol. The Board continued her probation on modified terms and conditions and ordered probation continued until April 27, 2016. She was additionally given a new due date to have submitted to the Board a chemical dependency evaluation, which date was November 10, 2011. On October 17, 2011, a Probation Violation Complaint was filed alleging that Respondent had again violated certain terms and conditions of her probation, which was the subject of the hearing on December 8, 2011 before the Board. On November 17, 2011, an Amended Probation Violation Complaint was filed alleging a new violation of the terms of her probation. Respondent violated the terms and conditions of her probation by failing to call NTS on seven (7) occasions; failing to submit a urine sample when directed on two (2) and, by failing to have submitted a chemical dependency evaluation by the due date given to her of November 10, 2011.

Revoked 1/18/2012

Baysinger, Tonya W.

Monett, MO

Licensed Practical Nurse 1999136835

A Probation Violation Complaint was filed on October 4, 2011 with the Board alleging that Respondent had violated certain terms and conditions of her probation, specifically, failing to meet with the Board's Discipline Administrator when scheduled; failing to have submitted employer evaluations or submitting statements of unemployment; failing to have submitted a chemical dependency evaluation by the due date of August 9, 2011; and, failing to contract with the Board's third-party administrator to schedule drug and alcohol screenings. Respondent failed to plead or otherwise defend against the proceeding.

Revoked 1/18/2012

Bradshaw, Michelle L.

Bell City, MO

Licensed Practical Nurse 054202

Respondent's Missouri nursing license expired May 31, 2010 and remains expired. Respondent was employed as a licensed practical nurse. On or about March 12, 2009, the Operations Director of the employer received an anonymous tip that Respondent had been calling in prescription medications for family members and neighbors. After an investigation, it was discovered that Respondent had called in prescriptions under the doctor's name for whom she worked. Respondent had been calling in prescriptions for family members and/or neighbors at various times from January 2008 through March 2009. The prescription medications consisted of Hydrocodone, Darvocet, Alprazolam, and Cephalexin, all controlled substances. There were no valid prescriptions for any of the controlled substances that Respondent called in for her family members and/or neighbors. Respondent did not have the authority to prescribe controlled substances to family members, her neighbors, or patients. On March 18, 2009, Respondent met with the Operations Director and admitted that she had been calling in the prescriptions for a neighbor. On March 18, 2009, Respondent further admitted that she had been calling in the prescriptions for approximately a year and that she would pay for and pick the prescriptions up for her neighbor.

Revoked 12/21/2011

Charron-Bond, Betsy S.

Carl Junction, MO

Registered Nurse 132608

On or about August 29, 2008, Respondent reported that she had broken two vials of Fentanyl while unpacking a delivery from the pharmacy. No one was present except Respondent when the incident occurred. On or about September 3, 2008, the narcotic count for the Center was off by one vial of Fentanyl. Despite double-checking all documentation, the missing unit could not be found. Due to both incidents involving the same narcotic drug

REVOCATION CONTINUED...

and the incidents occurring so close together, Respondent was under suspicion for diverting narcotics for her own personal use by the administration of the center. On or about September 22, 2008, Respondent was observed rummaging through the purse of another staff member. Respondent had previously asked the same staff member to provide her with pain medications that Respondent knew the staff member had a prescription for. The staff member had previously given Respondent two pills of the prescription drug (Lorcet Plus), but advised Respondent that she would not do so in the future. On or about September 23, 2008, the same staff member brought in her prescription bottle filled with calcium tablets. The calcium tablets resembled the prescription drug, Lorcet Plus. The staff member counted and placed twenty-five (25) calcium tablets in the bottle. She then placed the prescription bottle in her purse. Later in the day, the staff member asked Respondent to cover for her during a break. The staff member left her purse unattended at her work station. Upon the staff member returning from her break, the staff member counted the pills in the bottle. There were now twenty-two (22) pills in the bottle. No one else had access to the staff member's purse during the day. Respondent removed three (3) pills from the staff member's prescription bottle, believing the pills to be prescription narcotics. Respondent's actions of accepting two Lorcet Plus tabs from her co-worker constitute unlawful possession of a controlled substance in violation of the drug laws of the State of Missouri, specifically, §195.202 RSMo. Respondent testified that the findings of the AHC as set forth above are accurate, but that she was in physical pain and under a lot of stress. She stated that she made a poor choice and was wrong. Respondent denied that she had an addiction or drug problem, but did have a problem with anxiety and depression. She further testified that she knows what she did was wrong and illegal and that she regrets her decisions and actions. She further stated that she did receive treatment for two (2) years, but did not describe what she received treatment for or the nature of this treatment. Respondent further testified that this is the first time that she had done anything dishonest or illegal since these incidents occurred at the center and since then she has “been [an] honest, dependable person.” However, upon questioning by the Board's attorney, Respondent admitted that she had been involved in a hit and run accident and was convicted of driving while under the influence of Ambien, a sleeping pill, in May 2010, which is two years after she left the center. She was additionally charged with leaving the scene of an accident at that time.

Revoked 12/30/2011

Foster, Jonathan Troy

Bonner Springs, KS

Registered Nurse 2009021896

A Probation Violation Complaint was filed with the Board on October 17, 2011 against the license of Respondent alleging that he had violated certain terms and conditions of his probation. The Board considered the evidence presented at the hearing and the allegations of the Probation Violation Complaint, which the Board finds are true, and determines that discipline is appropriate to be imposed against Respondent's license. Respondent violated the terms and conditions of his probation by failing to attend a meeting with the Board's Discipline Administrator when scheduled on March 30, 2011; by failing to have submitted an evaluation of his current progress and status as well as drug screens administered in the Kansas Nurse Assistance Program; and, by allowing his license to lapse on April 30, 2011.

Revoked 1/12/2012

Gill, Sarah Beth

Herrin, IL

Licensed Practical Nurse 2005035190

Respondent violated certain terms and conditions of her probation, specifically, failing to meet with the Board's Discipline Administrator when scheduled to meet with her; failing to have submitted a chemical dependency evaluation by the due date; failing to call National Toxicology Specialists, (NTS), on forty (40) occasions; and, failing to submit a sample for drug and alcohol screening on two occasions

Revoked 1/17/2012

Gosser, Sally Ann

Saint Charles, MO

Licensed Practical Nurse 2010038284

The Board issued an order granting Respondent a probated license by endorsement from the State of Kansas. In accordance with the terms of the November 4, 2010 Order, Respondent was required to obtain continuing education hours and was to submit proof of having completed these continuing education hours to the Board by October 20, 2011. Respondent failed to submit proof of having completed the required continuing education hours by the October 20, 2011 due date. Pursuant to the terms of Respondent's probation as stated in the November 10, 2010 Order, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. Respondent failed to submit an employer evaluation or statement of unemployment by the October 20, 2011, documentation due date.

Revoked 12/30/2011

Greenlee, Julie Melissa

Saint Peters, MO

Registered Nurse 2004023224

The Board entered into a settlement agreement with Respondent which became effective on August 22, 2011. Respondent was required to undergo a chemical dependency evaluation and then

Revocation continued on page 20

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2012 Golden Awards continued from page 1

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RN	Carol T. Abbott	Saint Louis	MO	RN	Juanita C. Joehl	Godfrey	IL
RN	Willa M. Adelstein	Columbia	MO	RN	Joyce A. Johnson	Springfield	MO
RN	Shirley A. Almond	Fairview Heights	IL	RN	Charlotte Y. Johnson	Florissant	MO
RN	Marian R. Anderson	Kansas City	MO	RN	Mary N. Kelly	Saint Louis	MO
RN	Wanda S. Baber	Springfield	MO	RN	Judith A. Kempen	Fenton	MO
RN	Jacqueline B. Bangert	Chesterfield	MO	RN	Judith A. King	Troy	MO
RN	Patricia C. Barger	Saint Louis	MO	RN	Helen J. Kobel	Lees Summit	MO
RN	Laura L. Barker	Walnut Grove	MO	RN	Mary R. Kramer	Saint Louis	MO
RN	Dixie M. Barrentine	Lees Summit	MO	RN	Helen M. Kubat	Saint Louis	MO
RN	Joan M. Barry	St Louis County	MO	RN	Alice F. Kuehn	Hartsburg	IL
RN	Saundra K. Basile	Chesterfield	MO	RN	Barbara E. Lafferty-ward	Alton	MO
RN	Nancy K. Bassett	Raytown	MO	RN	Mary Ann Lavin	Saint Louis	MO
RN	Janice M. Beadleston	Springfield	MO	RN	Dolores A. Lecure	Centertown	MO
RN	Beulah R. Beck	Caseyville	IL	RN	Joanne E. Leonard	Sunset Hills	MO
RN	Helen Libby Bell	Chesterfield	MO	RN	Nina C. Lewis	Independence	MO
RN	Susan A. Berg	Des Peres	MO	RN	Carolyn A. Lionetti	Newport News	VA
RN	Donna K. Bond	Cuba	MO	RN	Janet A. Littlefield	Gladstone	MO
RN	Constance W. Brooks	Marthasville	MO	RN	Evelyn S. Livingston	Peculiar	MO
RN	Sandra C. Browder	Glendale	MO	RN	Dennis E. Lockette	Columbia	MO
RN	Patricia Sweaney Brown	Springfield	MO	RN	Judith K. Loeffel	Wentzville	MO
RN	Beverly L. Browning	Nevada	MO	RN	Cheryl A. Lowrey	Harrisburg	MO
RN	Beverly P. Bueker	Kansas City	MO	RN	Gertrude J. Lusser	Chesterfield	MO
RN	Phyllis A. Buffa	O Fallon	MO	RN	Kathleen L. Marshall	Saint Louis	MO
RN	Betty J. Capp	Asbury	MO	RN	Marlene I. Martensen	Shell Knob	MO
RN	Rosalie Dee Cherry	Lees Summit	MO	RN	Ellen A. Martin	Carlsbad	CA
RN	Janice M. Clarkin	Chesterfield	MO	RN	Barbara C. Martin	Saint Jacob	IL
RN	Virginia L. Cluck	Bendena	KS	RN	Mary L. Matthews	Arnold	MO
RN	Eunice A. Cluny	St Charles	MO	RN	Barbara A. Mauck	Springfield	MO
RN	Patricia M. Coleman	Ballwin	MO	RN	Karen R. Mccright	Raytown	MO
RN	Mable M. Connors	Lamar	MO	RN	Sharon J. Mcgauly	Fenton	MO
RN	Lenette Cooper	Florissant	MO	RN	Betty L. MCGoffin	Kansas City	MO
RN	Deanna L. Cox	Kansas City	MO	RN	Nancy J. Melton	Independence	MO
RN	Aylin G. Crawford	Ballwin	MO	RN	Ann M. Messina	Chesterfield	MO
RN	Mary J. D'Ambrose	Saint Louis	MO	RN	Dolores J. Meyer	Shrewsbury	MO
RN	Myrtle J. Darnell	Florissant	MO	RN	Connie M. Michael	Milan	MO
RN	Doris J. Davis	Florissant	MO	RN	Roberta J. Miller	Blue Springs	MO
RN	Patricia A. Davis	Bonnville	MO	RN	Nancy V. Modglin	Florissant	MO
RN	Joyce Pauline Demski	Lampe	MO	RN	Helen J. Molchan	Bolivar	MO
RN	Elizabeth J. Dillon	Prairie Village	KS	RN	Barbara A. Moore	Kirkwood	MO
RN	Betty R. Dixon	Jackson	MO	RN	Orpha S. Morello	Saint Louis	MO
RN	Judy Dodge McClure	Independence	MO	RN	Kathleen A. Murphy	Saint Louis	MO
RN	Judith A. Donohue	Saint Louis	MO	RN	Joyce A. Neely	Senath	MO
RN	Carolyn F. Duke	Saint Louis	MO	RN	Martha J. Nelson	Florissant	MO
RN	Virginia Durr	Saint Charles	MO	RN	Ruth Ann Nelson	Theodosia	MO
RN	Margaret E. Dye	Washington	MO	RN	Theresa M. Niemeyer	Ballwin	MO
RN	Sarah Jane Ebbs-Ginter	Columbia	MO	RN	Donna M. Noel	Overland Park	KS
RN	Virginia C. Eckert	Webster Grvs	MO	RN	Mary E. Olive	Jefferson City	MO
RN	Jessie I. Edwards	Lebanon	MO	RN	Kathleen C. O'Reilly	Crestwood	MO
RN	Rose A. Fanz	Shrewsbury	MO	RN	Judith A. Patrick	Kansas City	MO
RN	Mary E. Farrell	Fort Myers	FL	RN	Lois E. Pingel	Saint Charles	MO
RN	Patricia A. Felton	Springfield	MO	RN	Marjorie A. Prenger	Jefferson City	MO
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RN	Cora Jane Filley	Cameron	MO	RN	Mary Ann Randell	Saint Louis	MO
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RN	Helen W. Fisher	Middletown	MO	RN	Mable J. Reed	Festus	MO
RN	Sue W. Flynn	Lees Summit	MO	RN	Louise W. Reno	Rayville	MO
RN	Jeanne M. Fox	O Fallon	MO	RN	Sonja K. Reyes	Saint Louis	MO
RN	Susan J. Frank	Florissant	MO	RN	Judith S. Richardson	Saint Louis	MO
RN	Frieda C. Galipp	Saint Louis	MO	RN	Sheila M. Robertson	Saint Charles	MO
RN	Mary Ann Gebhart	Saint Louis	MO	RN	Priscilla J. Robinson	Manchester	MO
RN	Barbara L. Gentry	Springfield	MO	RN	Jean R. Rosenberger	Fenton	MO
RN	Carol M. Gerardy	Sunrise Beach	MO	RN	Jeanne L. Rutledge	Jefferson City	MO
RN	Susanne L. Gerber	Ballwin	MO	RN	Joyce E. Rychnovsky	Moberly	MO
RN	Katherine M. Goins	Saint Louis	MO	RN	Sylvia F. Sanderson	Creve Coeur	MO
RN	Mary B. Graham	Nixa	MO	RN	Nancy L. Scheer	St Charles	MO
RN	Barbara A. Grantham	Brookline Sta	MO	RN	Marianne S. Schmitz	Sunset Hills	MO
RN	Patricia D. Gray	Springfield	MO	RN	Joanne R. Schneider	Ferguson	MO
RN	Sandra S. Gray	Columbia	MO	RN	Sharon P. Schoenberger	Saint Louis	MO
RN	Janet L. Gregory	St Charles	MO	RN	Carolyn M. Schulte	Saint Louis	MO
RN	Phyllis M. Griffin	Mexico	MO	RN	Carol A. Schulze	Saint Louis	MO
RN	Anna W. Guarino	Joplin	MO	RN	Mary E. Schumann	Anabel	MO
RN	Sally S. Hader	Eureka	MO	RN	Carole J. Sellers	Springfield	MO
RN	Christy M. Hagar	Weldon Spring	MO	RN	Frances M. Sibert	Independence	MO
RN	Virginia H. Haigler	Frontnac	MO	RN	Carmen J. Siems	Creve Coeur	MO
RN	Mary E. Halloran	Saint Louis	MO	RN	Juleanne K. Silliman	Saint Joseph	MO
RN	Judith A. Hamilton	Des Peres	MO	RN	Sherry S. Simmons	Independence	MO
RN	Nancy J. Harbaugh	Saint Louis	MO	RN	Geneva S. Simms	Rocky Mount	MO
RN	Dorinda S. Harmon	Florissant	MO	RN	Edith D. Smith	Hillsboro	MO
RN	Evelyn E. Harris	Saint Louis	MO	RN	Judith C. Stecher	Saint Louis	MO
RN	Ruth A. Hartwig	Excelsior Springs	MO	RN	Grace A. Stevens	Saint Joseph	MO
RN	Verna J. Hasselman	K C	MO	RN	Shirley J. Stockton	Rogersville	MO
RN	Ann M. Held	Festus	MO	RN	Shara J. Storm	Saint Louis	MO
RN	Ruth M. Hemmann	Des Peres	MO	RN	W. Cookie Stude	Wright City	MO
RN	Janice K. Hiland	Quincy	IL	RN	Agneta M. Studt	Saint Louis	MO
RN	Marie C. Hoehne	Macon	MO	RN	Patricia S. Tankersley	Joplin	MO
RN	Sister Leah M. Holzum	Saint Louis	MO	RN	Anna J. Terrell	Kansas City	MO
RN	Shirley E. Hood	Moundville	MO	RN	Diana L. Tessereau	Chesterfield	MO
RN	Gloria A. Howard	Saint Louis	MO	RN	Ann B. Thomas	Kansas City	MO
RN	Mary L. Hughes	Kansas City	MO	RN	Nancy Q. Thomas	Oak Grove	MO
RN	Dixie L. Hummel	Fenton	MO	RN	Sheryl L. Thurman	Jackson	MO
RN	Marie B. Ingraham	Kirkwood	MO	RN	Virginia R. Toole	Holden	MO
RN	Grace B. James	Saint Louis	MO	RN	Alberta K. Trautman	Osprey	FL
RN	Caroline A. Jeffries	Kansas City	MO	RN	Jacqueline W. Tucker	Kirkwood	MO
				RN	Carolyn S. Tucker	Saint Louis	MO
				RN	Mary A. Tueth	Saint Louis	MO

MO	RN	Hilda J. Van Natta	Saint Charles	MO
IL	RN	Judith A. Vogelsmeier	Sweet Springs	MO
MO	RN	Louanna E. Walker	Independence	MO
MO	RN	Shirley B. Wampler	Festus	MO
MO	RN	Priscilla M. Weber	Bridgeton	MO
MO	RN	Dixie L. Wehmeyer	Urich	MO
MO	RN	Margaret A. Willingham	Louisiana	MO
MO	RN	Alta L. Winebrenner	Kansas City	MO
MO	RN	Charlotte W. Wood	Louisiana	MO
MO	RN	Thelma A. Wyrick	Saint Joseph	MO
MO	RN	Martha L. Yager	Edwards	MO
IL	RN	Doris Howell Youngblood	Kansas City	MO
MO	RN	Carolyn J. Zeiger	O Fallon	MO
MO	RN	Kathleen Zerjav	Saint Charles	MO

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20th Annual Psychiatric-Mental Health Update

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Revocation continued from page 17

submit the results of the evaluation to the Board within six (6) weeks of the effective date of the Agreement. The Board has not received a thorough chemical dependency evaluation submitted on Respondent’s behalf. Respondent testified that she did not attempt to schedule a chemical dependency evaluation until one week prior to when the agreement was due to be submitted to the Board, even though she admitted that she knew that she was required to undergo a chemical dependency evaluation and to have the results submitted to the Board. Respondent testified as to reasons why she had failed to comply with the terms of her probation. The Board found Respondent’s testimony not compelling and not credible. Respondent further testified that she did not commit the conduct for which she is being disciplined. The Board finds this testimony not compelling and not credible. The Board further finds that this testimony is indicative that Respondent is of greater danger to the public because she is not taking responsibility for her conduct. Revoked 12/27/2011

Huffman, Stephanie M.

Grand Tower, IL

Licensed Practical Nurse 045960

Respondent and the Board entered into a Settlement Agreement. In accordance with the Agreement, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. Respondent failed to submit an employer evaluation by the April 18, 2011 and July 18, 2011, documentation due dates. Revoked 12/22/2011

Johnson, Jennifer Rene’

Blue Springs, MO

Registered Nurse 2006021104

After a hearing held before the Administrative Hearing Commission (AHC) the AHC issued its Decision on September 26, 2011, finding that the Board had cause to discipline Respondent’s license, due to Respondent calling in prescriptions for controlled substances with no authority to do so using the name of a physician that did not prescribe or authorize Respondent to call in these prescriptions. Revoked 1/17/2012

Johnson, Teri L.

Lake Ozark, MO

Licensed Practical Nurse 045079

Effective April 27, 2010, the Board and Respondent entered into a Settlement Agreement (Agreement) wherein Respondent’s license was placed on probation with certain terms and conditions for a period of two (2) years. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a notarized statement indicating the periods of unemployment. The Board never received an employer evaluation or statement of unemployment by the January 27, 2011, the July 27, 2011, or the October 27, 2011, due dates. In addition, the employer evaluation that was due to the Board April 27, 2011, was not received by the Board until May 4, 2011. In accordance with the terms of the Order, Licensee was to obtain continuing education contact hours at the direction of the Discipline Administrator. The continuing education hours were due to the Board April 27, 2011. However, the continuing education hours were not completed by Respondent until May 16, 2011 at 5:05 p.m. and they were received by the Board on May 17, 2011. According to the terms of the Agreement, Respondent was to not violate the Nurse Practice Act and not allow her license to lapse. Respondent’s license expired May 31, 2010 and her license remains lapsed at this time. Revoked 1/18/2012

Kellenberger, Dawn R.

Dupo, IL

Registered Nurse 149658

Respondent entered into a Settlement Agreement stipulating that her license was subject to discipline for failing to follow physician’s orders regarding medication administration; failing to accurately document all controlled substances withdrawn and/or wasted; failing to properly waste medications withdrawn but not administered to her patients; and, failing to document pain assessments on patients, all of which could have resulted in harm and unnecessary pain for her patients. Respondent’s license was placed on probation for a period of five (5) years. The Agreement became effective January 19, 2010. On July 18, 2011, a probation violation complaint was filed alleging that Respondent had violated certain terms and conditions of her probation. At the hearing on September 7, 2011, Respondent testified that she was having financial difficulties due to a divorce that she was going through and could not afford the chain of custody kits needed to be tested, but that she had resolved that issue with NTS and would be able to submit to testing in the future. Respondent additionally testified that she had missed several calls because she is having difficulty with her memory since an illness that occurred in 2008, and occasionally there were difficulties with the phone; however, she stated that she had been setting alarms to remind her to call. Respondent admitted that her illness and memory problems cause her concern regarding resuming her career in nursing and that with what she is undergoing, her “mind isn’t completely where it needs to be because it has to be on so many things.” The Board found that Respondent’s license was subject to disciplinary action; additional disciplinary was appropriate; and, then placed her license on probation for a period of five (5) years with specific terms and conditions. Additionally, due to concerns with Respondent’s ability to practice nursing based upon her testimony regarding her mental status and memory in the probation violation hearing, Respondent was required to undergo

REVOCATION CONTINUED...

a thorough assessment performed by a licensed neuropsychologist to determine whether there was any clinically significant disorder which poses any risk to the safe practice of nursing within six (6) weeks of the effective date of the Order. Pursuant to the Order, “failure to obtain a neuropsychological assessment within six (6) weeks from the effective date of this agreement shall constitute a violation of discipline.” The Board did not receive a neuropsychological evaluation on or before November 3, 2011 and had not received the evaluation by the date of the second probation hearing. From July 8, 2011, the date of the filing of the previous probation violation complaint, until the filing of the second complaint, Respondent has failed to call in to NTS on seven (7) days. Further, Respondent had been selected for random testing on October 18, 2011, but failed to call and failed to submit a sample for testing. Respondent testified that she had difficulty scheduling a neuropsychological evaluation and when she finally did see a neuropsychologist, she could not afford to pay his fees; however, she waited until six (6) days prior to the evaluation was due before contacting the Board’s discipline administrator to explain her problem with scheduling the required evaluation. She further testified that she was afraid that she would be diagnosed with a mental illness that would be on her record. She admitted that she thought she was depressed and had anxiety. Respondent additionally testified that she had surgery on October 17, 2011, which was why she missed calls in October 2011; however, the evidence established that the calls that she missed were on October 2, October 3, October 14, October 18, November 7, and November 8, 2011. Her surgery on October 17, 2011 does not explain the dates that she missed the calls. Respondent additionally testified that she was still having difficulties with her memory and was still forgetting to call. Her previous testimony in the first probation violation hearing was that she had set alarms to remind her to call and she testified that she is still setting alarms to remind herself but that it is “difficult to remember to do something that’s every day, the same thing.” She equated this to brushing one’s teeth every day. “Sometimes people forget.” Respondent admitted that she has had difficulty performing her job duties and has been in her “boss’s office several times, because of things not getting accomplished.” She additionally testified that she has missed a lot of work. Revoked 2/2/2012

Kopp, Pamela Jo

Liberty, MO

Registered Nurse 123302

On or about October 17, 2010, Respondent was working at the Hospital and had access to the medication cart. Respondent was observed taking Tramadol from the medication cart. On October 17, 2010, Respondent admitted to two nurses that she had taken Tramadol from the medication cart because of her leg pain. On October 18, 2010, Respondent admitted to the Director of Nursing and the Administrator that she had taken the Tramadol from a resident’s bubble pack for pain she was suffering in her leg. Revoked 12/27/2011

Latimer, Donald J.

Kansas City, MO

Registered Nurse 074808

On May 16, 2011, the Administrative Hearing Commission issued its Decision finding and concluding that the Board had cause to discipline Respondent’s license for gross negligence and violation of a professional trust. Licensee was employed in the Intensive Care Unit (ICU) from March 11, 2007, until his termination on December 12, 2008 for poor job performance. On November 29, 2008, Licensee was assigned to two patients in the ICU. One patient had a pulmonary artery catheter which required hourly hemodynamic monitoring and recording of CVP and pulmonary arterial pressure (PAP) measurements hourly. During Licensee’s 12 hour shift, he recorded a CVP reading twice and no PAP readings. The patient died 7 days later. Respondent failed to chart vital signs of patients in his care as required for each patient’s medical care and his failure to do so could have compromised the medical condition of his patients.

In a separate case, Respondent entered into a settlement agreement with the Board agreeing that his license was subject to discipline as a result of having six (6) convictions for driving while intoxicated and convicted of driving while revoked or suspended on four (4) separate occasions. Respondent failed to call FirstLab on one hundred and fifty-nine (159) days and has not called FirstLab since June 24, 2011. Respondent testified that although it did not cost him anything to call FirstLab, there was no need to because he could not afford the cost of the urine screens. He testified that “If I can’t [sic] participate a little bit, there’s no need to participate at all.” Respondent was notified by FirstLab that he had been selected to be tested on June 23, 2011; however, Respondent failed to report to a collection site and did not provide the required sample for testing. Because he has failed to call FirstLab since June 24, 2011, Respondent did not provide samples for testing when selected on July 20, August 15, September 23, September 28, October 5, and November 16, 2011. Additionally, in accordance with the settlement agreement, Respondent was required to have submitted employer evaluations or submit statements of unemployment for time periods he was unemployed by due dates given to him. Respondent failed to have submitted employer evaluations or submit statements of unemployment by the following documentation due dates: August 21, 2009; May 21, 2010; August 23, 2010; February 21, 2011; and, May 23, 2011. Revoked 1/24/2012

Lee, Steffanie M.

New Madrid, MO

Licensed Practical Nurse 048623

On October 23, 2009, Respondent submitted to a random drug test

REVOCATION CONTINUED...

at her place of employment. The test was positive for marijuana. Revoked 12/27/2011

Ludvik, Pamela A.

St Peters, MO

Registered Nurse 099954

A Probation Violation Complaint was filed on October 17, 2011 with the Board alleging that Respondent had violated certain terms and conditions of her probation, specifically, failing to submit either employer evaluations or statements of unemployment by the due dates of June 9, 2011 and September 9, 2011; failing to have submitted a mental health evaluation to the Board by the due date of April 20, 2011, although an evaluation was received on June 20, 2011; and for allowing her license to lapse on April 30, 2011 without renewing it. Respondent failed to plead or otherwise defend against the proceeding. Revoked 1/18/2012

McGeorge, Monica Ruth

Columbia, MO

Licensed Practical Nurse 2006018960

2010, Respondent signed and entered into a Settlement Agreement with the Board agreeing that her license was subject to discipline by virtue of her name being placed on the Missouri Department of Health and Senior Services’ Employment Disqualification List for a period of eighteen months. Respondent agreed to have her license placed on probation with the Board for a period of three years and agreed to abide by specific terms and conditions, including contracting with the Board’s third-party administrator, National Toxicology Specialists (NTS), to schedule random drug and alcohol screening. On October 20, 2010, a Probation Violation Complaint was filed. After a hearing before the Board on December 3, 2010, the Board issued its Finding of Fact, Conclusions of Law and Disciplinary Order finding that Respondent had violated certain terms and conditions of her probation by failing to call NTS on sixteen occasions; by failing to report to a collection site to provide a sample when notified that she had been selected for random screening on four separate occasions; and, for testing positive for marijuana, a controlled substance for which she did not have a prescription. The Board censured her license and then placed her license back on the previously imposed terms and conditions of probation. On April 28, 2011, a second probation violation complaint was filed. After a hearing before the Board on June 2, 2011, the Board issued its Findings of Fact, Conclusions of Law, and Disciplinary Order on June 13, 2011, finding that Respondent had violated certain terms and conditions of her probation by failing to call NTS on twenty-eight separate occasions; failing to provide a sample for screening when notified that she had been selected for screening on one occasion; failing to submit proof of all required continuing education hours by the due date previously provided to her; and, by failing to have submitted an employer evaluation or submit a statement of unemployment by the April 22, 2011 documentation due date. The Board suspended her license for two weeks and then immediately after the suspension, placed her license back on probation for a period of time to conclude on April 22, 2014 under the same terms and conditions of the Agreement. A third probation violation complaint was filed and a hearing held wherein the Board found that Respondent had violated the terms and conditions of her probation for the third time by failing to call NTS on eight occasions; failing to call on a date that she had been selected to be screened so failed to provide a required sample; and, by failing to submit a sample for screening when notified that she had been selected for screening on August 24, 2011. Revoked 1/19/2012

Meinen, Margaret Katherine

Kirksville, MO

Registered Nurse 2009004407

The Board and Respondent entered into a Settlement Agreement (Agreement) which became effective on September 3, 2010, placing her license on probation for a period of five (5) years with certain terms and conditions as a result of showing up for work impaired due to alcohol consumption. On October 19, 2010, a probation violation complaint was filed alleging that Respondent had violated certain terms and conditions of her probation. After a hearing on December 3, 2010, the Board issued its Findings of Fact, Conclusions of Law and Disciplinary Order finding that Respondent had violated certain terms and conditions of her probation by failing to contract with NTS. The Board censured Respondent’s license and placed her back on probation under the previously imposed terms and conditions. A second probation violation complaint was filed with the Board on October 17, 2011 alleging that she had again violated certain terms and conditions of her probation. The Board did not receive proof of completion of any continuing education hours, before the due date. However, Respondent did bring proof of completion with her to the Board Hearing showing that she did complete the classes on December 6, 2011. On July 5, 2011, Respondent was selected for random testing and the sample that Respondent provided for screening on July 5, 2011, showed a low creatinine level. Respondent explained that this may be due to being on diuretics and that she did not attempt to dilute her sample. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by the June 3, 2011 and the September 5, 2011, documentation due dates. However, Respondent brought a statement of unemployment with her to the Board Hearing dated December 2, 2011. On June 2, 2011, the Board received a letter from Respondent stating that she was terminated from Twin Pines Adult Care Center for signing out medication for patients; not administering medication to patients who were asleep; and for neglecting to

Revocation continued on page 21

dispose of the medications or document refusal in violation of the Nursing Practice Act, specifically, §335.066.2(5) and (12) RSMo as amended for actions that constitute incompetency and gross negligence and for violating any professional trust or confidence with her patients. Respondent did not attempt to comply with the terms and conditions of her probation until after receiving the second probation violation complaint.
Revoked 1/18/2012

Orear, Nancy C.
Malta Bend, MO

Licensed Practical Nurse 040975

Effective April 13, 2010, Respondent and the Board entered into a Settlement Agreement whereby Respondent agreed to have her license placed on probation for a period of two years and to abide by specific terms and conditions. The factual basis for the Agreement was that Respondent took medications prescribed to a patient from a locked cabinet. On January 18, 2011, a probation violation complaint was filed alleging that Respondent had violated certain terms and conditions of her probation. After a hearing held on March 3, 2011, the Board issued its Findings of Fact, Conclusions of Law and Disciplinary Order on March 9, 2011, finding that Respondent had violated certain terms and conditions of her probation by submitting a sample that tested positive for Fentanyl, a controlled substance for which Respondent did not have a prescription. The Board placed Respondent’s nursing license on probation until April 13, 2014 under certain terms and conditions. In accordance with the terms of the Order and previous Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to participate in random drug and alcohol screenings. From the date of the filing of the previous Probation Violation Complaint on January 18, 2011, to the date of the filing of the second probation violation complaint, Respondent has failed to call in to NTS on four days. Further, on May 17, 2011, July 13, 2011, and October 12, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on each of these dates. In addition, Respondent was selected to be tested on February 15, 2011; however, she failed to call NTS on that date; thus, she failed to provide the required sample for screening.
Revoked 1/19/2012

Rampley, Sharron L.
Bloomfield, MO

Licensed Practical Nurse 040456

On January 22, 2009, Respondent pled guilty to the Class C Felony of Possession of Controlled Substance in the Circuit Court of Stoddard County, Missouri. On or about January 26, 2009, Respondent tested positive for crack cocaine. Respondent was sent to a center where she underwent a twenty-four (24) day treatment program. Respondent completed the twenty-four (24) day treatment program at the center. About a week after completing her twenty-four (24) day treatment program, Respondent again tested positive for crack cocaine. On March 11, 2010, Respondent’s probation was revoked and the Court sentenced her to a term of six (6) years in the custody of Missouri Division of Adult Institutions.
Revoked 12/30/2011

Rhodes, Stephanie Michele
Rogersville, MO

Registered Nurse 2002017986

Respondent was employed as a registered professional nurse with a hospital in the Surgical Intensive Care Unit (ICU). In November, 2007, the pharmacy department noted that Respondent was administering more narcotics than any other nurse in the surgical ICU. On March 12, 2008, Respondent received disciplinary counseling regarding her administration of narcotics. After counseling on March 12, 2008, Respondent continued to have the highest usage of narcotics for her patients. On August 27, 2008, Respondent was asked to submit to a drug screen. On August 27, 2008, Respondent admitted that her drug screen would be positive because she had been diverting Demerol from the employer for her own personal use. Pursuant to Section 195.017, RSMo., Demoral contains Meperidine and is considered a controlled substance. Respondent did not have a valid prescription for Demerol on August 27, 2008, or at any time relevant herein. Respondent’s drug screen was positive for Morphine, Oxycodone and Meperidine, which are controlled substances. These drugs were in her system during her working hours as a nurse. Respondent did not have a valid prescription for Morphine, Oxycodone, or Meperidine on August 27, 2008 or at any time relevant herein.
Revoked 12/22/2011

Rivera, Chanel Marie
Roeland Park, KS

Licensed Practical Nurse 2011009175

The Board issued an Order placing Respondent’s license on probation. Pursuant to the terms of that probation, Respondent was required to have submitted employer evaluations or statements of unemployment if she was unemployed by specified due dates provided to her. The Board did not receive an employer evaluation or statement of unemployment by the June 30, 2011 documentation due date. Additionally, in accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. From the beginning of her disciplinary period through the date that the probation violation complaint was filed, Respondent failed to call in to NTS on

twenty-eight (28) days. Further, on May 5, 2011, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading. Additionally, on October 5, 2011, Respondent was selected to provide a urine sample for screening and the results of the screening were positive for ethyl glucuronide (EtG). Respondent testified that she had the flu and her mother brought her cough syrup, which she consumed. The cough syrup contained alcohol. Respondent was aware that some cough syrups contained alcohol and that she was to avoid products containing alcohol. She was provided with an information sheet on what products to avoid that would result in a positive EtG test.
Revoked 1/18/2012

Sims, Shetara D.
Kansas City, MO

Licensed Practical Nurse 2010003628

Respondent’s license was on probation under specified terms and conditions. A Probation Violation Complaint was filed on November 9, 2011 and an Amended Probation Violation Complaint was filed on November 17, 2011. A proceeding was initiated before the Board upon a properly pled writing for the purpose of determining whether Respondent had violated the terms and conditions of her probation and if so, what, if any, discipline should be imposed. The Board considered the evidence presented at the hearing and the allegations of the Probation Violation Complaint, which the Board finds are true, and determines that discipline is appropriate to be imposed against Respondent’s license. Respondent violated the terms and conditions of her probation by failing to attend a meeting with the Board’s Discipline Administrator when scheduled on October 12, 2011, not requesting to reschedule that meeting, and failing to meet with the Board’s Discipline Administrator; failing to contract with the Board’s third-party administrator to participate in random drug and alcohol screenings; and, failing to have submitted to the Board a chemical dependency evaluation by the Board’s due date of November 16, 2011.
Revoked 1/11/2012

Weflen, Karen S.
Saint Louis, MO

Registered Nurse 075546

Respondent’s license was on probation with the Board under certain terms and conditions. A Probation Violation Complaint was filed on October 17, 2011 with the Board alleging that Respondent had violated certain terms and conditions of her probation, specifically, failing to call National Toxicology Specialists, (NTS), on fourteen occasions; failing to submit a sample for drug and alcohol screening on two occasions; providing samples on two separate occasions with low creatinine levels; failing to have submitted a chemical dependency evaluation to the Board by July 27, 2011; and, failing to have submitted a mental health evaluation to the Board by July 27, 2011. The Board considered the evidence presented at the hearing and the allegations of the Probation Violation Complaint and determines that discipline is appropriate to be imposed against Respondent’s license. The Board finds that each of the allegations in the Probation Violation Complaint are true.
Revoked 1/11/2012

Winkle, Melissa Ann
Crocker, MO

Licensed Practical Nurse 2001024527

Respondent’s license was on probation with the Board under specified terms and conditions. On March 30, 2011, the Board filed a Probation Violation Complaint against Respondent alleging that she had violated the terms of the Agreement by failing to submit employer evaluations from each and every employer by the designated due dates and for failing to complete the Board’s designated continuing education hours. On June 15, 2011, the Board issued an Order finding that Respondent had violated the terms of her discipline as set forth in the Agreement. The Board placed Respondent’s license on a new one (1) year probationary period subject to the same terms and conditions as had been required by the original Agreement. The Board did not receive an employer evaluation or statement of unemployment on behalf of Respondent by the September 15, 2011, documentation due date. Pursuant to the June 15, 2011 Order, just as had been set forth in the original Agreement, Respondent was to complete the Board’s designated continuing education contact hours by a new deadline. Proof of completion was due to the Board by October 15, 2011. As of the date of the probation violation hearing, the Board had not received proof from Respondent that she had completed the required continuing education as set forth in the June 15, 2011 Order and the original Agreement.
Revoked 12/27/2011

Winter, Sara Jean
Kearney, MO

Licensed Practical Nurse 2004029555

Respondent was employed as a licensed practical nurse. During Respondent’s employment, Respondent developed a relationship of professional trust and/or confidence with her employer. Based on information and belief, Respondent occupied a room at a place for women recovering from alcohol or drug addiction. In 2009, the staff at the treatment facility found eighteen drug count records and package containers and that had formerly contained controlled substances including Fentanyl Patches, Morphine, Oxycodone, and Lorazepam in the room Respondent occupied. The staff also found Respondent’s pay stub from her employer dated January 23, 2009. The eighteen empty drug containers and drug count records found at Respondent’s room were for residents at the employer’s place of business. Respondent did not have a valid prescription for

Fentanyl Patches, Morphine, Oxycodone, or Lorazepam at any time relevant herein.
Revoked 12/21/2011

Wright, Cathy L.
Branson, MO

Registered Nurse 122715

Respondent’s license was placed on probation under specified terms and conditions. A Probation Violation Complaint was filed on November 8, 2011 with the Board alleging that Respondent had violated certain terms and conditions of her probation, specifically, failing to call National Toxicology Specialists, (NTS), the Board’s third-party administrator for drug and alcohol screening, on three (3) occasions and for failing to submit a sample for drug and alcohol screening when notified she had been selected on August 26, 2011. Respondent failed to plead or otherwise defend against the proceeding.
Revoked 1/18/2012

VOLUNTARY SURRENDER

Bougher, Theresa Georgeann
Republic, MO

Registered Nurse 2005007985

On December 6, 2011, Licensee surrendered her Missouri Nursing License.
Voluntary Surrender 12/6/2011

Coble, Jana S.
Arlington, TX

Registered Nurse 097254

Licensee, an LPN, worked for employer in the Intensive Care Unit (ICU). On November 30, 2008, Licensee entered into another nurse’s patient’s room and proceeded to participate in patient care. Licensee was observing a nurse drawing blood from that nurse’s patient and tried to help. The nurse was called away but before leaving the room, the nurse capped the needle and set the syringe on the counter. Licensee remained in the patient’s room during the time the nurse was gone. Upon the nurse’s return, the syringe of blood was gone. Licensee also failed to complete skin assessment on a patient. During the week of December 12, 2008 through December 15, 2008, Licensee was assigned to care for patients, A and B during the night shift. Licensee exhibited signs of staggering, appearing drunk, having trouble keeping her eyes open, and nodding off while attempting to converse with co-workers. On December 12, 13 and 14, 2008, Licensee made no nurse’s notes in patients, A’s and B’s charts as to the patients’ condition, the administration of medication, or the assessment of the patients during her shift. On December 13, 2008, patient B went into respiratory distress and had to be intubated using emergency sedation/paralyzing medications. Licensee made no nurse’s notes in patient B’s chart as to the patient’s condition regarding the respiratory distress, the administration of medication, or the assessment of patient during her shift. Licensee did not administer patient B a dose of Diamox at 11:00 p.m. The medication was to treat a dangerously high Bicarb level and pH. Licensee removed 2 mg Ativan from the Pyxis (dispensing medication unit) and wasted 1 mg Ativan. The remaining 1 mg Ativan was unaccounted for as Licensee failed to document whether she administered the Ativan or that the Ativan was wasted. Licensee entered the staff bathroom near telemetry. A nurse reported that she found blood smears and a needle cap in the staff bathroom near telemetry. Based on the evidence found in the bathroom, all staff’s arms were inspected for any evidence of IV sticks. Blood was found on Licensee’s lab jacket, there were track marks on her arms, her eyes were dilated, and her speech was slurred. On December 15, 2008 at 1:00 a.m., Licensee was relieved from her nursing shift. The nurse that relieved Licensee at 1:00 a.m. on December 15, 2008, found patients A’s and B’s charts to be incomplete and therefore was unable to know the assessment and condition of each patient or whether they received all their medication. That same nurse then checked on each patient and found that patient B had a completely infused bag of Maxipime IV medication remaining in the patient’s room still attached to the patient’s IV tubing and pump. There was no medication order in patient B’s chart for Maxipime. The nurse made a note that the medication was ordered for patient A. On December 14, 2008, Licensee gave the wrong medication to the wrong patient. On December 14, 2008, Licensee had failed to check on a patient and the patient’s blood pressure was found by another nurse to be extremely low. The patient was stabilized after several hours. The nurse also found another patient’s Timolol eye drop box in patient A’s room with Isoptears in it. The nurse also reported that there was a hole punctured in a bag of Versed and a bag of Fentanyl that was hung for one of Licensee’s patients. On December 15, 2008, Licensee was taken to the emergency room for a drug test. Licensee informed the administrator that her test would come back positive for Propofol, Fentanyl, and Versed due to a dentist appointment she had a few days earlier.
Voluntary Surrender 12/21/2011

Crawford, Pamela L.
Independence, MO

Registered Nurse 144848

On January 19, 2012, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 1/19/2012

Voluntary Surrender continued from page 21

Kennedy-Nowicki, Elizabeth Marie
Eureka, MO
Registered Nurse 2000158817
On 12-01-2011, Licensee voluntarily surrendered her Missouri Nursing License.
Voluntary Surrender 12/1/2011

Tyree, Billie E.
Bevier, MO
Licensed Practical Nurse 048566
On June 13, 2006, Licensee pled guilty to Statutory Rape, in the Second Degree, Statutory Sodomy in the Second Degree and Abuse of a Child, all Class C Felonies, in the Circuit Court of Macon County.
Voluntary Surrender 12/31/2011

Wells, Sondra G.
Fayette, MO
Licensed Practical Nurse 033185
On February 4, 2008, Licensee was arrested for Fraudulently Attempting to Obtain a Controlled Substance namely Darvocet, which is a controlled substance pursuant to §195.017.8(1)(b) and (c). Licensee gave false information to the pharmacy, stating she was Marcia Granneman a licensed nurse in the State of Missouri.
Voluntary Surrender 1/13/2012

Wheeler, Penny LaRay
Novinger, MO
Licensed Practical Nurse 2004028022
On December 6, 2011, Licensee surrendered her Missouri Nursing License.
Voluntary Surrender 12/6/2011

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If you have been contacted by the State Board of Nursing or Administrative Hearing Commission, call me for a free consultation as you have the right to be represented by an attorney.



Mariam Decker, RN JD, Attorney

573-443-3134

mdecker@owwlaw.com

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54 Hospital Drive, Osage Beach, MO 65065

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Date

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* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008

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